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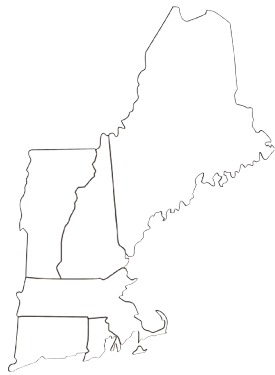




Network Blue New EnglandSM Deductible

with Hospital Choice Cost Sharing

Plan-Year Deductible: \$250/\$750



This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of cost share (such as copayments and/or coinsurance) for certain services depending on the network general hospital you choose to furnish those covered services. For most network general hospitals, you will pay the lowest cost sharing level. However, if you receive certain covered services from any of the network general hospitals listed in this Summary of Benefits, you pay the highest cost sharing level. A network general hospital's cost sharing level may change from time to time. Overall changes to add another network general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network general hospital (not listed in this Summary of Benefits) for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

Your Care

Your Primary Care Provider (PCP)

When you enroll in Network Blue New England, you must choose a primary care provider. Be sure to choose a PCP who can accept you and your family members and who participates in the network of providers in New England. For children, you may choose a participating network pediatrician as the PCP.

For a list of participating PCPs or OB/GYN physicians, visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the Provider Directory; or call the Physician Selection Service at 1-800-821-1388.

If you have trouble choosing a doctor, the Physician Selection Service can help. They can give you the doctor's gender, the medical school she or he attended, and whether there are languages other than English spoken in the office.

Referrals

Your PCP is the first person you call when you need routine or sick care. If your PCP decides that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist, who is likely affiliated with your PCP's hospital or medical group.

You will not need prior authorization or referral to see a HMO Blue New England network provider who specializes in OB/GYN services. Your providers may also work with Blue Cross Blue Shield of Massachusetts regarding referrals and Utilization Review Requirements, including Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. For detailed information about Utilization Review, see your benefit description.

Your Cost Share

This plan has two levels of hospital benefits. You will pay a higher cost share when you receive certain inpatient services at or by "higher cost share hospitals". See the chart on the opposite page for your cost share.

Note: If your PCP refers you to another provider for covered services (such as a specialist), it is important to check whether the provider you are referred to is affiliated with one of the higher cost share hospitals listed below. Your cost will be greater when you receive certain services at or by these hospitals, even if your PCP refers you.

Higher Cost Share Hospitals

Your cost share will be higher at the hospitals listed below. Blue Cross Blue Shield of Massachusetts will let you know if this list changes.

- Baystate Medical Center
- Boston Children's Hospital (Lexington, Peabody and Waltham locations receive lowest cost share)
- Brigham and Women's Hospital
- Cape Cod Hospital
- Dana-Farber Cancer Institute
- Fairview Hospital
- Massachusetts General Hospital
- Sturdy Memorial Hospital
- UMass Memorial Medical Center – Memorial Campus
- UMass Memorial Medical Center – University Campus

All other network hospitals will carry the lower cost share, including network hospitals outside of Massachusetts.

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$250** per member (or **\$750** per family).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible and copayments for covered services. Your out-of-pocket maximum for medical benefits is **\$2,500** per member (or **\$5,000** per family). Your out-of-pocket maximum for prescription drug benefits is **\$1,000** per member (or **\$2,000** per family).

Emergency Care

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). After meeting your deductible, you pay a copayment per visit for emergency room services. This copayment is waived if you're admitted to the hospital or for an observation stay. See the chart on the opposite page for your cost share.

Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the Provider Directory; or call the Physician Selection Service at 1-800-821-1388.

Service Area

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. See your benefit description for more information.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost
Preventive Care	
Well-child care visits	Nothing, no deductible
Routine adult physical exams, including related tests	Nothing, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible
Routine vision exams (one every 24 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
Hearing Benefits	
Routine hearing exams, including routine tests	Nothing, no deductible
Hearing aids (up to \$5,000 per ear every 36 months)	All charges beyond the benefit maximum
Outpatient Care	
Emergency room visits	\$100 per visit after deductible (copayment waived if admitted or for observation stay)
Office visits, when performed by: <ul style="list-style-type: none"> • Your PCP, OB/GYN physician, network nurse practitioner or nurse midwife • Other network providers 	\$20 per visit, no deductible \$35 per visit, no deductible
Chiropractors' office visits (up to 20 visits per calendar year for members age 16 or older)	\$20 per visit, no deductible
Mental health and substance abuse treatment	\$15 per visit, no deductible
Short-term rehabilitation therapy—physical and occupational (up to 30 visits per calendar year for each type of therapy*)	\$20 per visit, no deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit, no deductible
Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category of test per date of service after deductible
Home health care and hospice services	Nothing after deductible
Oxygen and equipment for its administration	Nothing after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing after deductible**
Prosthetic devices	Nothing after deductible
Surgery and related anesthesia in an office, when performed by: <ul style="list-style-type: none"> • Your PCP or OB/GYN physician • Other network providers 	\$20 per visit***, no deductible \$35 per visit***, no deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 per admission after deductible
Inpatient Care (including maternity care) in: <ul style="list-style-type: none"> • Other general hospitals (as many days as medically necessary) • Higher cost share hospitals (as many days as medically necessary) 	\$300 per admission after deductible [†] \$700 per admission after deductible [†]
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$200 per admission after deductible
Chronic disease hospital care (as many days as medically necessary)	Nothing after deductible
Rehabilitation hospital care (as many days as medically necessary)	Nothing after deductible
Skilled nursing facility care (up to 45 days per calendar year)	Nothing after deductible

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** Cost share waived for one breast pump per birth.

*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

† This cost share applies to mental health admissions in a general hospital.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	No deductible \$10 for Tier 1† \$25 for Tier 2 \$50 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible \$20 for Tier 1† \$50 for Tier 2 \$110 for Tier 3

* Tier 1 generally refers to generic drugs; Tier 2 generally refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

** Cost share waived for certain orally-administered anticancer drugs.

† Cost share waived for birth control.

Get the Most from Your Plan

Visit us at www.bluecrossma.com/membercentral or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Wellness Participation Program Reimbursement for a membership at a health club or for fitness classes This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.) Reimbursement for participation in a qualified weight loss program This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)	\$150 per calendar year per policy \$150 per calendar year per policy
Blue Care Line SM —A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at www.bluecrossma.com. Interested in receiving information from us via e-mail? Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://www.emiia.org/health-and-dental-insurance> or by calling **1-800-782-3675**.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	\$250 member / \$750 family. Does not apply to preventive care, prenatal care, prescription drugs, most office visits, mental health visits, and therapy visits.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For medical benefits, \$2,500 member / \$5,000 family; and for prescription drug benefits, \$1,000 member / \$2,000 family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u>?	Yes. See www.bluecrossma.com/findadoctor or call 1-800-821-1388 for a list of network providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u>?	Yes.	This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have the plan's permission before you see the <u>specialist</u> .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call **1-800-782-3675** or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.bluecrossma.com/sbcglossary or call **1-800-782-3675** to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** (or provider's charge if it is less than the **allowed amount**) for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000 (and it is less than the provider's charge), your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network lowest cost share **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts. (If you are eligible to elect a Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or you have elected a Health Savings Account (HSA), you may have access to additional funds to help cover certain **out-of-pocket** expenses such as **copayments**, **coinsurance**, **deductibles** and costs related to services not otherwise covered.)

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	— none —
	Specialist visit	\$35 / visit	Not covered	— none —
	Other practitioner office visit	\$20 / chiropractor visit	Not covered	Limited to 20 visits per calendar year for members age 16 or older
	Preventive care/screening/immunization	No charge	Not covered	GYN exam limited to one exam per calendar year
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	Deductible applies first
	Imaging (CT/PET scans, MRIs)	\$100	Not covered	Deductible applies first; copayment applies per category of test / day; pre-authorization required for certain services

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bluecrossma.com/medications .	Generic drugs	\$10 / retail supply or \$20 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Non-preferred brand drugs	\$50 / retail supply or \$110 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Specialty drugs	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	Not covered	Deductible applies first; pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If you need immediate medical attention	Emergency room services	\$100 / visit	\$100 / visit	Deductible applies first; copayment waived if admitted or for observation stay
	Emergency medical transportation	No charge	No charge	Deductible applies first
	Urgent care	\$35 / visit	\$35 / visit	Out-of-network coverage limited to out of service area

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 / admission; \$700 / admission for certain hospitals	Not covered	Deductible applies first; pre-authorization required
	Physician/surgeon fee	No charge	Not covered	Deductible applies first; pre-authorization required
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$15 / visit	Not covered	Pre-authorization required for certain services
	Mental/Behavioral health inpatient services	\$200 / admission for mental hospitals or substance abuse facilities; \$300 / admission for general hospitals; \$700 / admission for certain hospitals	Not covered	Deductible applies first; pre-authorization required
	Substance use disorder outpatient services	\$15 / visit	Not covered	Pre-authorization required for certain services
	Substance use disorder inpatient services	\$200 / admission for mental hospitals or substance abuse facilities; \$300 / admission for general hospitals; \$700 / admission for certain hospitals	Not covered	Deductible applies first; pre-authorization required for certain services
If you are pregnant	Prenatal and postnatal care	No charge	Not covered	Deductible applies first for postnatal care
	Delivery and all inpatient services	\$300 / admission; \$700 / admission for certain hospitals; no charge for delivery	Not covered	Deductible applies first

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Deductible applies first; pre-authorization required
	Rehabilitation services	\$20 / visit	Not covered	Limited to 30 visits per type of therapy per calendar year (other than for autism, home health care, and speech therapy); pre-authorization required for certain services
	Habilitation services	\$20 / visit	Not covered	Rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; pre-authorization required for certain services
	Skilled nursing care	No charge	Not covered	Deductible applies first; limited to 45 days per calendar year; pre-authorization required
	Durable medical equipment	No charge	Not covered	Deductible applies first; cost share waived for one breast pump per birth
	Hospice service	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If your child needs dental or eye care	Eye exam	No charge	Not covered	Limited to one exam every 24 months
	Glasses	Not covered	Not covered	— none —
	Dental check-up	No charge for members with a cleft palate / cleft lip condition	Not covered	Limited to members under age 18

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Children's glasses
- Cosmetic surgery
- Dental care (adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery
- Chiropractic care (20 visits per calendar year for members age 16 or older)
- Hearing aids (\$5,000 per ear every 36 months)
- Infertility treatment
- Routine eye care - adult (one exam every 24 months)
- Routine foot care (only for patients with systemic circulatory disease)
- Weight loss programs (\$150 per calendar year per policy)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on your ID card or contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Assistance

To obtain language assistance, please call the toll-free Member Service number on your ID card.

SPANISH (Español): Para obtener asistencia en español, llame al número gratuito de Servicio de Atención al Miembro que figura en su tarjeta de identificación.

TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog tumawag sa libreng numero ng telepono ng Serbisyo sa Miyembro na nakasulat sa inyong ID card.

CHINESE (中文): 如果您需要中文語言幫助，請撥打會員卡上的客戶服務免費電話號碼

NAVAJO (Dine): Dinek'ehjí shika' a'dowoł ninizingo, kwojį hodiilné t'áá jííkeh béesh bee' hane'jį T'áá doolé'é bina'ishdiłkidgo yeeháka'adooljah éí binumber bee néého'dolzin biniiyé naanitinígíí bikáá' doo.

Disclaimer:

This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,820
- Patient pays \$720

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$250
Copays	\$320
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$720

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,020
- Patient pays \$1,380

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$140
Copays	\$1,160
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$1,380

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network lowest cost share providers. If the patient had received care from other in-network or out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-782-3675 or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.bluecrossma.com/sbcglossary or call 1-800-782-3675 to request a copy.



MASSACHUSETTS

MCC Compliance

- ✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.



Information About the Plan

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of cost share (such as copayments and co-insurance) for certain services depending on the network general hospital you choose to furnish those covered services. For most network general hospitals, you will pay the lowest cost sharing level. However, if you receive certain covered services from some network general hospitals, you pay the highest cost sharing level. A network general hospital's cost sharing level may change from time to time. Overall changes to add another network general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network general hospital for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.



Blue Care Elect DeductibleSM

With Hospital Choice Cost Sharing

Plan-Year Deductible: \$250/\$750



This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of in-network cost share (such as copayments and/or coinsurance) for certain services depending on the preferred general hospital you choose to furnish those covered services. For most preferred general hospitals, you will pay the lowest in-network cost sharing level. However, if you receive certain covered services from any of the preferred general hospitals listed in this Summary of Benefits, you pay the highest in-network cost sharing level. A preferred general hospital's cost sharing level may change from time to time. Overall changes to add another preferred general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a preferred general hospital (not listed in this Summary of Benefits) for which you pay the lowest in-network cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

Your Choice

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductibles are **\$250** per member (or **\$750** per family) for in-network services and **\$400** per member (or **\$800** per family) for out-of-network services. Any amount applied toward the in-network deductible will also be applied toward the out-of-network deductible (and vice versa).

When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits.

The plan has two levels of hospital benefits for preferred providers. You will pay a higher cost share when you receive certain inpatient services at or by “higher cost share hospitals.” See the chart on the back page for your cost share.

Note: If a preferred provider refers you to another provider for covered services (such as a specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you are referred to is not a preferred provider, you’re still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you. Your cost will be greater when you receive certain inpatient services at higher cost share hospitals, even if your preferred provider refers you.

Higher Cost Share Hospitals

Your cost share will be higher at the hospitals listed below. Blue Cross Blue Shield of Massachusetts will let you know if this list changes.

- Baystate Medical Center
- Boston Children’s Hospital (Lexington, Peabody and Waltham locations receive lowest cost share)
- Brigham and Women’s Hospital
- Cape Cod Hospital
- Dana-Farber Cancer Institute
- Fairview Hospital
- Massachusetts General Hospital
- Sturdy Memorial Hospital
- UMass Memorial Medical Center – Memorial Campus
- UMass Memorial Medical Center – University Campus

How to Find a Preferred Provider

There are a few ways to find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory, call Member Service at the number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com/findadoctor
- Call the Physician Selection Service at **1-800-821-1388**

When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your benefit description. You may be responsible for any difference between the allowed charge and the provider’s actual billed charge (this is in addition to your deductible and/or your coinsurance). See the charts on the opposite and back pages for your cost share.

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments, and coinsurance for covered services. Your out-of-pocket maximum for medical benefits is **\$2,500** per member (or **\$5,000** per family) for in-network and out-of-network services combined. Your out-of-pocket maximum for prescription drug benefits is **\$1,000** per member (or **\$2,000** per family).

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). After meeting your in-network deductible, you pay a copayment per visit for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. See the chart on the opposite page for your cost share.

Telehealth Services

You are covered for certain medical and behavioral health services for conditions that can be treated through video visits from an approved Telehealth provider. These Telehealth services are available by using your computer or mobile device when you prefer not to make an in-person visit for any reason to a doctor or therapist. For a list of Telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the Provider Directory; or call the Physician Selection Service at **1-800-821-1388**.

Utilization Review Requirements

You must follow the requirements of Utilization Review, including Pre-Admission Review, Pre-Service Approval for certain outpatient services, Concurrent Review and Discharge Planning, and Individual Case Management. For detailed information about Utilization Review, see your benefit description. If you need non-emergency or non-maternity hospitalization, you, or someone on your behalf, must call the number on your ID card for pre-approval. If you do not notify Blue Cross Blue Shield of Massachusetts and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Preventive Care Well-child care exams, including routine tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • 10 visits during the first year of life • Three visits during the second year of life (age 1 to age 2) • Two visits for age 2 • One visit per calendar year for age 3 and older 	Nothing, no deductible	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing, no deductible	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible	20% coinsurance after deductible
Routine vision exams (one every 24 months)	Nothing, no deductible	20% coinsurance after deductible
Family planning services—office visits	Nothing, no deductible	20% coinsurance after deductible
Hearing Benefits Routine hearing exams, including routine tests	Nothing, no deductible	20% coinsurance after deductible
Hearing aids (up to \$5,000 per ear every 36 months)	All charges beyond the benefit maximum	20% coinsurance after deductible and all charges beyond the benefit maximum
Outpatient Care Emergency room visits	\$100 per visit after deductible (copayment waived if admitted or for an observation stay)	\$100 per visit after in-network deductible (copayment waived if admitted or for an observation stay)
Office visits, when performed by:		
<ul style="list-style-type: none"> • A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, licensed dietitian nutritionist, optometrist, nurse midwife, nurse practitioner, or physician assistant 	\$20 per visit, no deductible	20% coinsurance after deductible
<ul style="list-style-type: none"> • Other covered providers 	\$35 per visit, no deductible	20% coinsurance after deductible
Chiropractors' office visits (up to 20 visits per calendar year for members age 16 or older)	\$20 per visit, no deductible	20% coinsurance after deductible
Mental health or substance abuse treatment	\$15 per visit, no deductible	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 30 visits per calendar year for each type of therapy*)	\$20 per visit, no deductible	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit, no deductible	20% coinsurance after deductible
Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible	20% coinsurance after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category of test per date of service after deductible	20% coinsurance after deductible
Home health care and hospice services	Nothing after deductible	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing after deductible	20% coinsurance after deductible
Prosthetic devices	Nothing after deductible	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing after deductible**	20% coinsurance after deductible
Surgery and related anesthesia in an office, when performed by:		
<ul style="list-style-type: none"> • A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, nurse practitioner, or physician assistant 	\$20 per visit;*** no deductible	20% coinsurance after deductible
<ul style="list-style-type: none"> • Other covered providers 	\$35 per visit;*** no deductible	20% coinsurance after deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 per admission after deductible	20% coinsurance after deductible

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** Cost share waived for one breast pump per birth.

*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Inpatient care (including maternity care) in: <ul style="list-style-type: none"> Other general hospitals (as many days as medically necessary) Higher cost share hospitals (as many days as medically necessary) 	\$300 per admission after deductible* \$700 per admission after deductible*	20% coinsurance after deductible 20% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$200 per admission after deductible	20% coinsurance after deductible
Chronic disease hospital care (as many days as medically necessary)	Nothing after deductible	20% coinsurance after deductible
Rehabilitation hospital care (as many days as medically necessary)	Nothing after deductible	20% coinsurance after deductible
Skilled nursing facility care (up to 45 days per calendar year)	Nothing after deductible	20% coinsurance after deductible
Prescription Drug Benefits** At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)***	No deductible \$10 for Tier 1† \$25 for Tier 2 \$50 for Tier 3	Not covered
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)***	No deductible \$20 for Tier 1† \$50 for Tier 2 \$110 for Tier 3	Not covered

* This cost share applies to mental health admissions in a general hospital.

** Tier 1 generally refers to generic drugs; Tier 2 generally refers to preferred drugs; Tier 3 refers to non-preferred drugs.

*** Cost share waived for certain orally-administered anticancer drugs.

† Cost share waived for birth control.

Get the Most from Your Plan

Visit us at www.bluecrossma.com/membercentral or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Wellness Participation Program Reimbursement for a membership at a health club or for fitness classes This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.) Reimbursement for participation in a qualified weight loss program This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)	\$150 per calendar year per policy \$150 per calendar year per policy
Blue Care Line SM —A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at www.bluecrossma.com.

Interested in receiving information from us via e-mail? Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.emiia.org/health-and-dental-insurance.com or by calling **1-800-782-3675**.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$250 member / \$750 family for in-network; \$400 member / \$800 family for out-of-network. Does not apply to in-network preventive and prenatal care, most office visits, therapy visits, mental health visits, and prescription drugs.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For medical benefits, \$2,500 member / \$5,000 family; and for prescription drug benefits, \$1,000 member / \$2,000 family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u> ?	Yes. See www.bluecrossma.com/findadoctor or call 1-800-821-1388 for a list of preferred providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 7. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call **1-800-782-3675** or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at www.bluecrossma.com/sbcglossary or call **1-800-782-3675** to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** (or provider's charge if it is less than the **allowed amount**) for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000 (and it is less than the provider's charge), your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network lowest cost share **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts. (If you are eligible to elect a Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or you have elected a Health Savings Account (HSA), you may have access to additional funds to help cover certain **out-of-pocket** expenses such as **copayments**, **coinsurance**, **deductibles** and costs related to services not otherwise covered.)

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, nurse practitioner, optometrist, or licensed dietitian nutritionist
	Specialist visit	\$35 / visit	20% coinsurance	Deductible applies first for out-of-network
	Other practitioner office visit	\$20 / chiropractor visit	20% coinsurance / chiropractor visit	Deductible applies first for out-of-network; limited to 20 visits per calendar year for members age 16 or older
	Preventive care/screening/immunization	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to age-based schedule and / or frequency
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% coinsurance	Deductible applies first
	Imaging (CT/PET scans, MRIs)	\$100	20% coinsurance	Deductible applies first; copayment applies per category of test / day

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bluecrossma.com/medications .	Generic drugs	\$10 / retail supply or \$20 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Non-preferred brand drugs	\$50 / retail supply or \$110 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Specialty drugs	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	20% coinsurance	Deductible applies first
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first
If you need immediate medical attention	Emergency room services	\$100 / visit	\$100 / visit	In-network deductible applies first for in-network and out-of-network; copayment waived if admitted or for observation stay
	Emergency medical transportation	No charge	No charge	In-network deductible applies first for in-network and out-of-network
	Urgent care	\$35 / visit	20% coinsurance	Deductible applies first for out-of-network

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 / admission; \$700 / admission for certain hospitals	20% coinsurance	Deductible applies first; pre-authorization required
	Physician/surgeon fee	No charge	20% coinsurance	Deductible applies first; pre-authorization required
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$15 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Mental/Behavioral health inpatient services	\$200 / admission for mental hospitals or substance abuse facilities; \$300 / admission for general hospitals; \$700 / admission for certain hospitals	20% coinsurance	Deductible applies first; pre-authorization required
	Substance use disorder outpatient services	\$15 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Substance use disorder inpatient services	\$200 / admission for mental hospitals or substance abuse facilities; \$300 / admission for general hospitals; \$700 / admission for certain hospitals	20% coinsurance	Deductible applies first; pre-authorization required for certain services

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you are pregnant	Prenatal and postnatal care	No charge	20% coinsurance	Deductible applies first for in-network postnatal care and out-of-network prenatal and postnatal care
	Delivery and all inpatient services	\$300 / admission; \$700 / admission for certain hospitals; no charge for delivery	20% coinsurance	Deductible applies first
If you need help recovering or have other special health needs	Home health care	No charge	20% coinsurance	Deductible applies first; pre-authorization required
	Rehabilitation services	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; limited to 30 visits per type of therapy per calendar year (other than for autism, home health care, and speech therapy)
	Habilitation services	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children
	Skilled nursing care	No charge	20% coinsurance	Deductible applies first; limited to 45 days per calendar year; pre-authorization required
	Durable medical equipment	No charge	20% coinsurance	Deductible applies first; in-network cost share waived for one breast pump per birth
	Hospice service	No charge	20% coinsurance	Deductible applies first; pre-authorization required for certain services

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If your child needs dental or eye care	Eye exam	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to one exam every 24 months
	Glasses	Not covered	Not covered	— none —
	Dental check-up	No charge for members with a cleft palate / cleft lip condition	20% coinsurance for members with a cleft palate / cleft lip condition	Limited to members under age 18; deductible applies first for out-of-network

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none">• Acupuncture• Children's glasses	<ul style="list-style-type: none">• Cosmetic surgery• Dental care (adult)	<ul style="list-style-type: none">• Long-term care• Private-duty nursing
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care (20 visits per calendar year for members age 16 or older)• Hearing aids (\$5,000 per ear every 36 months)	<ul style="list-style-type: none">• Infertility treatment• Non-emergency care when traveling outside the U.S.• Routine eye care - adult (one exam every 24 months)	<ul style="list-style-type: none">• Routine foot care (only for patients with systemic circulatory disease)• Weight loss programs (\$150 per calendar year per policy)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on your ID card or contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Assistance

To obtain language assistance, please call the toll-free Member Service number on your ID card.

SPANISH (Español): Para obtener asistencia en español, llame al número gratuito de Servicio de Atención al Miembro que figura en su tarjeta de identificación.

TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog tumawag sa libheng numero ng telepono ng Serbisyo sa Miyembro na nakasulat sa inyong ID card.

CHINESE (中文): 如果您需要中文語言幫助，請撥打會員卡上的客戶服務免費電話號碼

NAVAJO (Dine): Dinek'ehjí shika' a'dowoł ninizingo, kwojį hodiłné t'áá jííkeh béesh bee' hane'jį T'áá doolé'é bina'ishdiłkidgo yeeháka'adooljah éí binumber bee néého'dolzin biniiyé naanitinígíí bikáá' doo.

Disclaimer:

This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,820
- Patient pays \$720

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$250
Copays	\$320
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$720

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,020
- Patient pays \$1,380

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$140
Copays	\$1,160
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$1,380

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network lowest cost share providers. If the patient had received care from other in-network or out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-782-3675 or visit us at www.bluecrossma.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.bluecrossma.com/sbcglossary or call 1-800-782-3675 to request a copy.



MASSACHUSETTS

MCC Compliance

- ✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.



Information About the Plan

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of in-network cost share (such as copayments and co-insurance) for certain services depending on the preferred general hospital you choose to furnish those covered services. For most preferred general hospitals, you will pay the lowest in-network cost sharing level. However, if you receive certain covered services from some preferred general hospitals, you pay the highest in-network cost sharing level. A preferred general hospital's cost sharing level may change from time to time. Overall changes to add another preferred general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a preferred general hospital for which you pay the lowest in-network cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.

Quick Start Guide



HMO Blue New EnglandSM Network Hospital Choice Cost Sharing

This health plan option includes a tiered-network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of cost share (such as copayments and co-insurance) for certain services depending on the network general hospital you choose to furnish those covered services. For most network general hospitals, you will pay the lowest cost sharing level. However, if you receive certain covered services from some network general hospitals, you will pay the highest cost sharing level. A network general hospital's cost sharing level may change from time to time. Overall changes to add another network general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network general hospital for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.

Welcome to Your Plan

Thank you for selecting a health plan from Blue Cross Blue Shield of Massachusetts that includes Hospital Choice Cost Sharing.

This innovative plan gives you an opportunity to control your share of hospital costs. That's because what you pay for certain services depends on the hospital you choose.

Know How to Get the Highest Coverage

You're covered at the highest benefit level and have the lowest out-of-pocket costs when your primary care provider administers or refers your care. You also have the freedom to seek care without seeing your primary care provider (PCP) first, but at a higher out-of-pocket cost. Within Massachusetts, you may go to any provider who participates in Blue Cross, whether he or she is in the Blue Choice network or not. (Outside of Massachusetts, you may use any licensed provider.)



Your Primary Care Provider

You must choose a PCP for you and each member of your family. Each member may choose a different network provider if they wish, as long as he or she is in the network.

It's important to consider the hospital where your provider has admitting privileges before you choose a PCP or receive care.

Emergency Care

If you have a medical or behavioral health emergency, call **911** (or your local emergency number) or go directly to the nearest medical facility. Be sure to contact your PCP within 48 hours, so that he or she can evaluate your condition and coordinate any follow-up care.

Referral Information for Medical Services

If you and your PCP decide you need to see a specialist, you'll be referred to one your provider feels is right for your specific treatment. It's an important decision, and the top priority is keeping you healthy. When making or confirming your appointment, you should make sure your PCP has been in touch with the specialist's office and has provided the referral, if needed.

Examples of services that do not require a referral:

- Routine OB/GYN care provided by a network provider
- One routine eye exam every 24 months provided by a network provider
- Emergency care

Because your out-of-pocket costs in Massachusetts are determined by where you get service, ask your doctors about their referral relationships. You can check the tier of any hospital and provider at bluecrossma.com/findadoctor.

To Help You Get Started, We Would Like to Remind You of a Few Key Things:

1. Review and understand your benefits

If you have not looked over your benefits, set aside some time to do so. Don't have a copy? Talk to your employer or call Member Service at the number on the front of your ID card. Need help understanding this feature? Visit bluecrossma.com/hospitalchoice to learn how it works.

2. Check the cost share level of all your hospitals

List all of your hospitals in the table below. Then visit bluecrossma.com/hospitalchoice to check the cost share level. That way you can anticipate the out-of-pocket expenses you may have to pay for care or see if lower-cost options may be available.

3. Confirm that your service applies

Hospital Choice Cost Sharing applies to the following:

- Inpatient care
- Outpatient diagnostic lab tests
- Outpatient surgery
- Outpatient short-term rehabilitation therapy
- Outpatient diagnostic high-tech radiology

4. Know what your emergency coverage is

When you receive emergency care, you always pay the lower copay, even when you're admitted to the hospital.

Assess Your Hospitals

List all of the hospitals where you receive care. Hospitals in both cost share levels have met quality standards. However:

- You pay a Lower Cost Share (\$) at facilities that charge less for medical care.
- You pay a Higher Cost Share (\$\$) at facilities that charge more for medical care.

Hospital or Clinic Name	Member Cost Share	Willing to Switch?
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>

Check the Cost Share Level of Your Hospitals

Once you list your hospitals, you can check their cost share level by:

- Downloading a copy of our hospital list or using the Find a Doctor tool at bluecrossma.com/hospitalchoice
- Calling our Physician Selection Service at 1-888-636-4808
- Visit our website at bluecrossma.com/findadoctor

To Find Other Providers

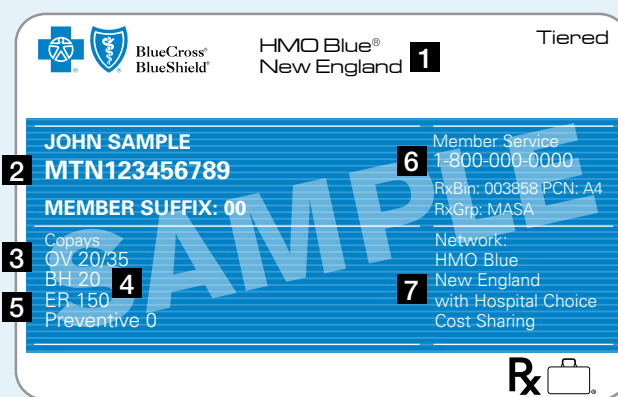
To find other network providers, such as specialists, dentists, behavioral health providers, hospitals, or other health care providers, you can:

- Visit our website at bluecrossma.com/findadoctor
- Call Member Service at the number on the front of your ID card

Know How to Read Your ID Card

Your member ID card contains important information, including our Member Service telephone number; your ID number; and your plan's copay for office visits, behavioral health visits, and emergency room visits. Be sure to always carry your ID card with you, and show it to all of your providers so they can update your records.

To the right is a sample ID card. Information shown on your ID card may be different based on your plan benefits. Check your ID card for your specific copay amounts.



- 1** Plan name
- 2** Your ID number
- 3** Office visit copay
- 4** Behavioral health office visit copay
- 5** Emergency room copay (waived if admitted)
- 6** Number to call for questions about your plan
- 7** Your provider network

Frequently Asked Questions

Q: Why are certain hospitals at the Higher Cost Share level?

A: Certain hospitals are at a Higher Cost Share level to help better manage the cost of health care by encouraging our members to seek care from high-quality, lower-cost hospitals.

Q: Why has Blue Cross given my hospital a Higher Cost Share?

A: If your hospital has a higher copay level, it's because other hospitals in our network have demonstrated high quality and more favorable cost compared to other hospitals, including yours.

Q: How are hospitals tiered?

A: Hospital quality measures come from a variety of nationally recognized sources, including the Agency for Healthcare Research and Quality and the Centers for Medicare and Medicaid Services. Cost analysis is based on what we paid for services, using our own claims data. We analyzed the actual service costs provided by hospitals in three regions in the state (Eastern, Central, and Western Massachusetts).

Q: What happens if I go to the emergency room?

A: If you're brought to an emergency room, you'll be responsible for your health plan's emergency room copay (shown on your member ID card). There is no difference in member copay for emergency room services.

Q: What happens if my doctor refers me to a more expensive hospital?

A: You should discuss the reasons you're being referred to a specific hospital with your doctor. You should tell the doctor you'll pay more out of pocket for care delivered by certain hospitals. Together with the doctor you should make a decision about which hospital is best for you.

Q: My provider will not refer me to a lower-cost hospital because he or she is not affiliated. What do I do?

A: You should discuss options with your doctor first. Also, you always have the option to change your doctor. Visit Find a Doctor at bluecrossma.com/findadoctor to search for a new doctor anytime.

Q: My plan has a deductible. How does Hospital Choice Cost Sharing work with the deductible?

A: When you receive care, you're initially responsible for paying your deductible. The deductible is the same regardless of which hospital you choose for care. Once you satisfy your deductible, however, your choice of hospitals will affect your out-of-pocket costs.

- If you choose a low-cost hospital: You will pay the lowest copay level.
- If you choose a higher-cost hospital: You will need to pay the additional copay for the services you receive.

Please note: You will pay a lower copay at low-cost hospitals than at higher-cost hospitals.

Get the Most from Your Plan



Member Central—Your Claims, Programs, and More

Would you like to better understand your plan, manage your health care costs, and embrace a healthier lifestyle? Member Central is your online destination for all this and more. Create an account, and you can log into Member Central at bluecrossma.com/membercentral to view your personal account information, access your claims, and take advantage of member programs and resources.



ahealthyme®—Everything to Live a Healthier Life

Here you'll find interactive tools and comprehensive information that will help you assess your health and create a personalized action plan. You'll also be able to track your progress in real time. Learn more at ahealthyme.com.



Fitness and Weight-Loss Reimbursements

Interested in a healthier lifestyle? You may have access to reimbursements for participating in a qualified fitness or weight-loss program. For more information, check your benefit material, log in at bluecrossma.com/membercentral, or call Member Service at the number on your ID card.



Telehealth—Real-Time Video Visits

Do you need care that is convenient and easy to access wherever you are? With Telehealth, you can have real-time video visits with a doctor or therapist using your computer, smartphone, or tablet. Telehealth can be a quality alternative to face-to-face doctor visits, and could help avoid costly emergency room trips for simple conditions. To see if you have coverage for Telehealth, please refer to your plan benefits or visit bluecrossma.com/telehealth to learn more.



Go Digital

Whenever, wherever, it's easy to stay in touch with Blue Cross. Get the information and resources you need to keep up with important health topics, understand your benefits—and live a happier, healthier life. Connect with us on Facebook or Twitter—or sign up for email by going to bluecrossma.com/email.



Blue365®:

Because health is a big deal.™

Blue365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year. From gym memberships and diet programs to family activities, we have just the deal for you. To see all that Blue365 has to offer, go to blue365deals.com.



Living Healthy Babies®—From Preconception Through Your Baby's First Year

Have questions about pregnancy, labor, and what to expect during your baby's first year? We can help answer your questions. Visit livinghealthybabies.com today.



Stay Connected with the Blue Cross MA Message Wire

Blue Cross MA Message Wire is a new communication channel that sends important information—like wellness tips, screening reminders, member discounts, and plan information—straight to your phone. Sign-up is quick and easy. Text bluecrossma to 73529, or call 1-844-779-8813. Make sure to have your Blue Cross Member ID card ready.

For More Information

Online Tutorials

View our engaging online tutorials to quickly and easily understand how your plan works at bluecrossma.com/tutorial.

Member Service (See front of your ID card for phone number)

For general questions about your coverage, call Member Service, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET. TTY: 711.
Twitter: @BCBSMAService

Find a Doctor & Estimate Costs

Our Find a Doctor & Estimate Costs tool makes it easy for you to find what you need.

- Search for doctors, dentists, hospitals, and other health care providers
- Get cost estimates for over 1,600 procedures
- Read and write reviews
- Compare up to ten doctors at a time
- And more

Put more control in your hands by visiting bluecrossma.com/findadoctor, or call Member Service at the number on the front of your ID card.

For questions about out-of-country provider access and services, call 1-800-810-BLUE (2583).

Blue Care LineSM 1-888-247-BLUE (2583)

Use this number for questions about your health if you're hurt or sick and not sure where to get care. Call us 24/7 to speak directly to a registered nurse who can help guide your care.

Lost Member ID Card 1-800-253-5210

Order a new member ID card by calling 1-800-253-5210, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET. You can also request a new ID card by logging into bluecrossma.com/membercentral.

Mail Service Pharmacy 1-800-892-5119

If you have prescription drug coverage, call 1-800-892-5119 anytime, 24 hours a day, 7 days a week, to learn more.



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PPO Network

Hospital Choice Cost Sharing

This health plan option includes a tiered-network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of in-network cost share (such as copayments and co-insurance) for certain services depending on the preferred general hospital you choose to furnish those covered services. For most preferred general hospitals, you will pay the lowest in-network cost-sharing level. However, if you receive certain covered services from some preferred general hospitals, you will pay the highest in-network cost-sharing level. A preferred general hospital's cost-sharing level may change from time to time. Overall changes to add another preferred general hospital to the highest cost-sharing level will happen no more than once each calendar year. For help finding a preferred network general hospital for which you pay the lowest cost-sharing level, check the most current provider directory for your health plan or visit the online provider search tool at bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.

Welcome to Your Plan

Thank you for selecting a health plan from Blue Cross Blue Shield of Massachusetts that includes Hospital Choice Cost Sharing.

This innovative plan gives you an opportunity to control your share of hospital costs. That's because what you pay for certain services depends on the hospital you choose.

Know How to Get the Highest Coverage

You're covered at the highest benefit level and have the lowest out-of-pocket costs when your preferred provider administers or refers your care. You also have the freedom to seek care without seeing your primary care provider (PCP) first, **but at a higher out-of-pocket cost**. Within Massachusetts, you may go to any provider who participates in Blue Cross, whether he or she is in the Blue Choice network or not. (Outside of Massachusetts, you may use any licensed provider.)



Your Cost Share Outside Massachusetts

When you receive care from preferred hospital providers outside of Massachusetts, you'll always pay the Lower Cost Share.

Medical Care Within Massachusetts

As a member of our PPO plan, you're not required to select a primary care provider. However, working with a doctor to help manage and oversee your care does benefit you in many ways.

Preferred providers treat you for a wide variety of conditions; provide important preventive care, checkups, and tests; and make referrals to participating specialists and facilities. And, with national health care reform, most plans will no longer require cost sharing for certain preventive services.

It's important to consider the cost-sharing level of the preferred hospital where your provider has admitting privileges before you choose a provider or receive care.

- For example, if you require hospital care within Massachusetts and your provider or specialist refers you to a Lower Cost Share hospital, you will pay the lowest cost for hospital services.
- Or, if your provider or specialist refers you to a Higher Cost Share hospital, you will pay the highest cost for hospital services, except in an emergency.

Medical Care Outside Massachusetts

As a PPO member, you can choose to get care from preferred providers outside of Massachusetts.

You can also choose to get care outside the network with non-preferred providers, **though your costs will be higher than when you choose preferred (in-network) providers**.

BlueCard® Program

Your Blue Cross ID card is widely recognized, and the BlueCard program allows you to receive urgent and emergency care services from any hospital or provider in the United States that participates in a Blue Cross plan. For a listing of participating providers and hospitals, call **1-800-810-BLUE (2583)**. For more information, visit the BlueCard website at provider.bcbs.com.

To Help You Get Started, We Would Like to Remind You of a Few Key Things:

1. Review and understand your benefits

If you have not looked over your benefits, set aside some time to do so. Don't have a copy? Talk to your employer or call Member Service at the number on the front of your ID card. Need help understanding this feature? Visit bluecrossma.com/hospitalchoice to learn how it works.

2. Check the cost share level of all your hospitals

List all of your hospitals in the table below. Then visit bluecrossma.com/hospitalchoice to check the cost share level. That way you can anticipate the out-of-pocket expenses you may have to pay for care or see if lower-cost options may be available.

3. Confirm that your service applies

Hospital Choice Cost Sharing applies to the following:

- Inpatient care
- Outpatient diagnostic lab tests
- Outpatient surgery
- Outpatient short-term rehabilitation therapy
- Outpatient diagnostic high-tech radiology

4. Know what your emergency coverage is

When you receive emergency care, you always pay the Lower Cost Share, even when you're admitted to the hospital.

Assess Your Hospitals

List all of the hospitals where you receive care. Hospitals in both cost share levels have met quality standards. However:

- You pay a Lower Cost Share (\$) at facilities that charge less for medical care.
- You pay a Higher Cost Share (\$\$) at facilities that charge more for medical care.

Hospital or Clinic Name	Member Cost Share	Willing to Switch?
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>

Check the Cost Share Level of Your Hospitals

Once you list your hospitals, you can check their cost share level by:

- Downloading a copy of our hospital list or using the Find a Doctor tool at bluecrossma.com/hospitalchoice
- Calling our Physician Selection Service at 1-888-636-4808
- Visiting our website at bluecrossma.com/findadoctor

To Find Other Providers

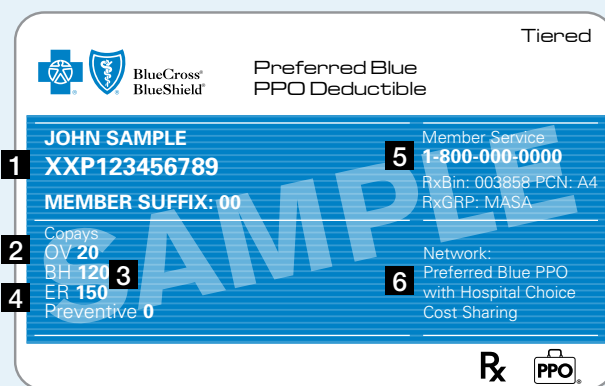
To find other network providers, such as specialists, dentists, behavioral health providers, hospitals, or other health care providers, you can:

- Visit our website at bluecrossma.com/findadoctor
- Call Member Service at the number on the front of your ID card

Know How to Read Your ID Card

Your member ID card contains important information, including our Member Service telephone number; your ID number; and your plan's copay for office visits, behavioral health visits, and emergency room visits. Be sure to always carry your ID card with you, and show it to all of your providers so they can update your records.

To the right is a sample ID card. Information shown on your ID card may be different based on your plan benefits. Check your ID card for your specific copay amounts.



- 1 Your ID number
- 2 Office visit copay
- 3 Behavioral health office visit copay
- 4 Emergency room copay (waived if admitted)
- 5 Number to call for questions about your plan
- 6 Your provider network

Frequently Asked Questions

Q: Why are certain hospitals at the Higher Cost Share level?

A: Certain hospitals are at a Higher Cost Share level to help better manage the cost of health care by encouraging our members to seek care from high-quality, lower-cost hospitals.

Q: Why has Blue Cross given my hospital a Higher Cost Share?

A: If your hospital has a Higher Cost Share level, it's because other hospitals in our network have demonstrated high quality and more favorable cost compared to other hospitals, including yours.

Q: How are hospitals tiered?

A: Hospital quality measures come from a variety of nationally recognized sources, including the Agency for Healthcare Research and Quality and the Centers for Medicare and Medicaid Services. Cost analysis is based on what we paid for services, using our own claims data. We analyzed the actual service costs provided by hospitals in three regions in the state (Eastern, Central, and Western Massachusetts).

Q: What happens if I go to the emergency room?

A: If you're brought to an emergency room, you'll be responsible for your health plan's emergency room cost share (shown on your member ID card). There is no difference in member cost share for emergency room services.

Q: What happens if my doctor refers me to a more expensive hospital?

A: You should discuss the reasons you're being referred to a specific hospital with your doctor. You should tell the doctor you'll pay more out of pocket for care delivered by certain hospitals. Together with the doctor you should make a decision about which hospital is best for you.

Q: My provider will not refer me to a lower-cost hospital because he or she is not affiliated. What do I do?

A: You should discuss options with your doctor first. Also, you always have the option to change your doctor. Visit Find a Doctor at bluecrossma.com/hospitalchoice to search for a new doctor anytime.

Q: My plan has a deductible. How does Hospital Choice Cost Sharing work with the deductible?

A: When you receive care, you're initially responsible for paying your deductible. The deductible is the same regardless of which hospital you choose for care. Once you satisfy your deductible, however, your choice of hospitals will affect your out-of-pocket costs.

- If you choose a low-cost hospital: You will pay the lowest cost-sharing level.
- If you choose a higher-cost hospital: You will need to pay the additional cost share for the services you receive.

Please note: You will pay a lower cost share at low-cost hospitals than at higher-cost hospitals.

Get the Most from Your Plan



Member Central—Your Claims, Programs, and More

Would you like to better understand your plan, manage your health care costs, and embrace a healthier lifestyle? Member Central is your online destination for all this and more. Create an account, and you can log into Member Central at bluecrossma.com/membercentral to view your personal account information, access your claims, and take advantage of member programs and resources.



ahealthyme®—Everything to Live a Healthier Life

Here you'll find interactive tools and comprehensive information that will help you assess your health and create a personalized action plan. You'll also be able to track your progress in real time. Learn more at ahealthyme.com.



Fitness and Weight-Loss Reimbursements

Interested in a healthier lifestyle? You may have access to reimbursements for participating in a qualified fitness or weight-loss program. For more information, check your benefit material, log in at bluecrossma.com/membercentral, or call Member Service at the number on your ID card.



Telehealth—Real-Time Video Visits

Do you need care that is convenient and easy to access wherever you are? With Telehealth, you can have real-time video visits with a doctor or therapist using your computer, smartphone, or tablet. Telehealth can be a quality alternative to face-to-face doctor visits, and could help avoid costly emergency room trips for simple conditions. To see if you have coverage for Telehealth, please refer to your plan benefits or visit bluecrossma.com/telehealth to learn more.



Go Digital

Whenever, wherever, it's easy to stay in touch with Blue Cross. Get the information and resources you need to keep up with important health topics, understand your benefits—and live a happier, healthier life. Connect with us on Facebook or Twitter—or sign up for email by going to bluecrossma.com/email.



Blue365®:

Because health is a big deal.™

Blue365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year. From gym memberships and diet programs to family activities, we have just the deal for you. To see all that Blue365 has to offer, go to blue365deals.com.



Living Healthy Babies®—From Preconception Through Your Baby's First Year

Have questions about pregnancy, labor, and what to expect during your baby's first year? We can help answer your questions. Visit livinghealthybabies.com today.



Stay Connected with the Blue Cross MA Message Wire

Blue Cross MA Message Wire is a new communication channel that sends important information—like wellness tips, screening reminders, member discounts, and plan information—straight to your phone. Sign-up is quick and easy. Text bluecrossma to 73529, or call 1-844-779-8813. Make sure to have your Blue Cross Member ID card ready.

For More Information

Online Tutorials

View our engaging online tutorials to quickly and easily understand how your plan works at bluecrossma.com/tutorial.

Member Service (See front of your ID card for phone number)

For general questions about your coverage, call Member Service, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET. TTY: 711.

Twitter: @BCBSMAservice

Find a Doctor & Estimate Costs

Our Find a Doctor & Estimate Costs tool makes it easy for you to find what you need.

- Search for doctors, dentists, hospitals, and other health care providers
- Get cost estimates for over 1,600 procedures
- Read and write reviews
- Compare up to ten doctors at a time
- And more

Put more control in your hands by visiting bluecrossma.com/findadoctor, or call Member Service at the number on the front of your ID card.

For questions about out-of-country provider access and services, call 1-800-810-BLUE (2583).

Blue Care LineSM 1-888-247-BLUE (2583)

Use this number for questions about your health if you're hurt or sick and not sure where to get care. Call us 24/7 to speak directly to a registered nurse who can help guide your care.

Lost Member ID Card 1-800-253-5210

Order a new member ID card by calling 1-800-253-5210, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET. You can also request a new ID card by logging into bluecrossma.com/membercentral.

Mail Service Pharmacy 1-800-892-5119

If you have prescription drug coverage, call 1-800-892-5119 anytime, 24 hours a day, 7 days a week, to learn more.



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Your Pharmacy Program



Pharmacy Program Overview

Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We have carefully developed a substantial formulary that includes many medications at affordable cost share levels.

Effective January 1, 2016

About This Guide

This guide is up-to-date as of January 1, 2016, and is subject to change. Keep this guide handy, and use it as a reference whenever you need coverage information about a specific medication. To get the most current coverage information about a specific medication, visit our website at www.bluecrossma.com/medications.

- **Top Covered Medications**—includes many commonly prescribed covered medications and your cost share tier that applies
- **Over-the-Counter Medications**—includes a list of over-the-counter medications that are covered when prescribed for you by your doctor
- **Quality Care Dosing**—includes a list of medications subject to Quality Care Dosing limits
- **Prior Authorization**—includes a list of medications that require Prior Authorization
- **Specialty Pharmacy Medications**—includes a list of medications that are available through pharmacies in the Specialty Pharmacy Network
- **Step Therapy**—includes a list of medications subject to Step Therapy
- **Medication Resource List Index**—includes all prescription medications listed in this booklet, along with the page(s) on which they can be found.

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Overview

Online Resources

From our main website, www.bluecrossma.com, to the www.express-scripts.com website, we offer a variety of online resources to help you manage your medications.

- **Search for Medication Information.** To learn whether your medications will be covered, you can visit www.bluecrossma.com/medications, and use the **Medication Look Up** feature. You can use this tool before you enroll. (The medication information represents our standard pharmacy coverage; your individual coverage may vary.) Our 2016 formulary changes will not be reflected in this tool until January 1, 2016.
- **Member Central.** Want more detailed information about your health care coverage, claims, or deductibles? You can log on to Member Central by going to our website, www.bluecrossma.com/member-central. To register, click **Create an Account**, on the upper right-hand side of the page.
 - If you're already registered, just log in with your user name and password.
- **Express Scripts Online.** Once registered with Member Central, you can also get immediate, online access to information about your specific pharmacy benefit by visiting Express Scripts Inc., (ESI), our pharmacy management partner, at www.express-scripts.com. Once there, you'll have access to:
 - Price a Drug
 - Find a Pharmacy
 - Mail Service features (which allow you to order refills and renew prescriptions)

Mail Service Pharmacy

With the Mail Service Pharmacy (administered by ESI), you can enjoy the convenience of having certain prescriptions delivered to you. Depending on your specific coverage, you can use the Mail Service Pharmacy to order up to a 90-day supply of certain long-term maintenance medications (like those used to treat high blood pressure), for less than you may normally pay at a retail pharmacy.

It's convenient, cost-effective, and all information is handled in accordance with our confidentiality policy.

If you would like to use the Mail Service Pharmacy, you can download an order form and find additional information on our website. Go to www.bluecrossma.com/pharmacy and choose Mail Service Pharmacy from the menu on the left-hand side. If you'd like our **Mail Service Pharmacy** brochure mailed to you, please call **1-800-262-BLUE (2583)**.

Overview

Your Pharmacy Cost Share

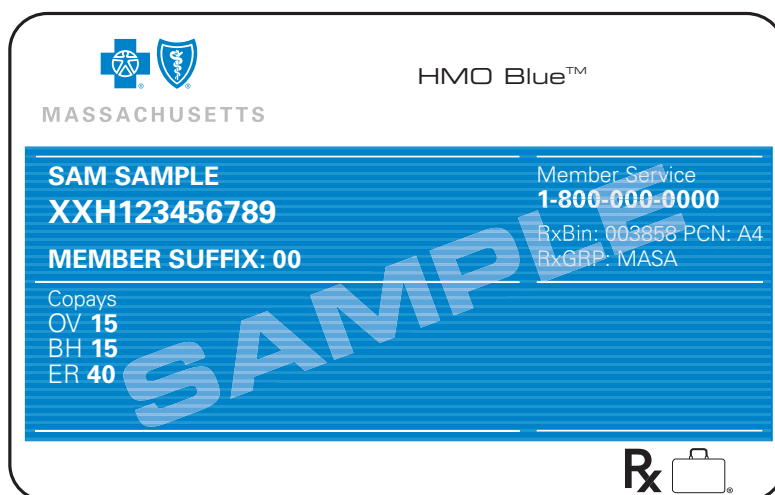
Our pharmacy program formulary is based on a tiered cost share structure. When you fill a prescription, the amount you pay the pharmacy (your prescription cost share) is determined by the tier your medication is on. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will advise you of the amount you owe. Usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 3 medications in a three-tier cost share benefit structure. In a four-tier cost share benefit structure, usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 4 medications..

Your cost share may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefits, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are medications that are made to order by a pharmacist when existing, commercially available medications do not meet your specific needs as determined by your provider. Some compounded medications may need prior authorization, have Quality Care Dosing guidelines, or require a formulary exception.

Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription. A sample ID card is shown below.



Top Covered Medications

Top Covered Medications

Our pharmacy formulary includes over 4,000 covered prescription medications. The following sample list includes covered medications most commonly prescribed for our members.

This list is up-to-date as of January 1, 2016, and is subject to change at any time. You can find the most up-to-date formulary information about a specific prescription medication on our website at www.bluecrossma.com/medications.

Please note that this is only a sample of top prescribed medications based on our standard three-tier formulary.

For more information about your specific prescription benefits, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card.

The following covered medication list is based on our standard formulary. The tier that is assigned to the drug is the tier used in a three-tier cost share benefit structure. For members with a two-tier or four-tier cost share benefit structure, please log on to the Blue Cross and Blue Shield web site at www.bluecrossma.com/medications and use the Medication Lookup feature.

Top Covered Medications

Abilify (ST)	Tier 3	Buprenorphine/Naloxone (PA) (QCD)	Tier 2
Acetaminophen/Codeine	Tier 1	Bupropion	Tier 1
Acyclovir	Tier 1	Bupropion SR (QCD)	Tier 1
Adapalene	Tier 1	Bupropion XL (QCD)	Tier 1
Advair Diskus (ST) (QCD)	Tier 3	Buspirone	Tier 1
Albuterol Sulfate	Tier 1	Butalbital/Acetaminophen/Caffeine	Tier 1
Alendronate (QCD)	Tier 1	Camila	Tier 1
Allopurinol	Tier 1	Carisoprodol	Tier 1
Alprazolam	Tier 1	Cartia XT	Tier 1
Altavera	Tier 1	Carvedilol	Tier 1
Alyacen	Tier 1	Cefadroxil	Tier 1
Amitriptylene	Tier 1	Cefdinir	Tier 1
Amlodipine (QCD)	Tier 1	Cefuroxime	Tier 1
Amlodipine/Benazepril	Tier 1	Celecoxib (ST) (QCD)	Tier 1
Amoxicillin	Tier 1	Cephalexin	Tier 1
Amoxicillin TR/Potassium Calvulanate	Tier 1	Chantix	Tier 2
Amphetamine Salt Combination	Tier 1	Chlorhexidine Gluconate	Tier 1
Amphetamine/Dextroamphetamine ER (QCD)	Tier 2	Chlorthalidne	Tier 1
Anastrozole	Tier 1	Cialis	Tier 3
Androgel	Tier 2	Ciprodex	Tier 2
Apri	Tier 1	Ciprofloxacin	Tier 1
Aripiprazole	Tier 1	Citalopram (QCD)	Tier 1
Armour Thyroid	Tier 3	Clindamycin HCL	Tier 1
Asacol HD	Tier 2	Clindamycin Phosphate	Tier 1
Atenolol	Tier 1	Clindamycin/Benzoyl Peroxide	Tier 1
Atorvastatin (QCD)	Tier 1	Clobetasol	Tier 1
Aviane	Tier 1	Clonazepam	Tier 1
Azelastine Nasal Spray (QCD)	Tier 1	Clonidine	Tier 1
Azithromycin	Tier 1	Clopidogrel	Tier 1
Baclofen	Tier 1	Clotrimazole/Betamethasone	Tier 1
BD Ultra-Fine Pen Needle	Tier 2	Colcrys	Tier 2
Benicar (ST)	Tier 2	Crestor (ST) (QCD)	Tier 2
Benzonatate	Tier 1	Cryselle	Tier 1
Betamethasone	Tier 1	Cyanocobalamin Injection	Tier 1
Budesonide	Tier 1	Cyclobenzaprine	Tier 1

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 (MBO) medical benefit only
 (PA) prior authorization required
 (PA17) prior authorization required for members who are 17 years of age or older
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Top Covered Medications

Desogestrel/Ethinyl Estradiol	Tier 1	Fluocinonide	Tier 1
Desonide	Tier 1	Fluoride	Tier 1
Dexamethasone	Tier 1	Fluoxetine (QCD)	Tier 1
Dexmethylphenidate ER (QCD)	Tier 1	Folic Acid	Tier 1
Diazepam	Tier 1	Furosemide	Tier 1
Diclofenac Sodium	Tier 1	Gabapentin	Tier 1
Dicyclomine	Tier 1	Gemfibrozil	Tier 1
Diltiazem ER	Tier 1	Gildess FE	Tier 1
Divalproex Sodium	Tier 1	Glimepiride	Tier 1
Divalproex Sodium ER	Tier 1	Glipizide	Tier 1
Donepezil	Tier 1	Glipizide ER	Tier 1
Dorzolamide/Timolol	Tier 1	Glipizide XL	Tier 1
Doxazosin	Tier 1	Glyburide	Tier 1
Doxycycline Hyclate	Tier 1	Guanfacine	Tier 1
Doxycycline Monohydrate	Tier 1	Guanfacine ER	Tier 1
Dulera (ST) (QCD)	Tier 2	Humalog (QCD)	Tier 2
Duloxetine (QCD)	Tier 1	Humalog Kwikpen (QCD)	Tier 2
Econazole Nitrate	Tier 1	Humira (PA) (QCD)	Tier 2
Enalapril	Tier 1	Hydrochlorothiazide	Tier 1
Enbrel (PA) (QCD)	Tier 2	Hydrocodone/Acetaminophen	Tier 1
Enoxaparin Sodium (QCD)	Tier 1	Hydrocortisone	Tier 1
Enpresse	Tier 1	Hydromorphone (PA)	Tier 1
Epipen (QCD)	Tier 2	Hydroxychloroquine	Tier 1
Epi-Pen Jr (QCD)	Tier 2	Hydroxyzine	Tier 1
Erythromycin	Tier 1	Hydroxyzine Pamoate	Tier 1
Escitalopram (QCD)	Tier 1	Ibuprofen	Tier 1
Esomeprazole (PA) (QCD)	Tier 2	Indomethacin	Tier 1
Estrace Cream	Tier 2	Insulin Syringes	Tier 2
Estradiol	Tier 1	Invokana (ST)	Tier 2
Eszopiclone (QCD)	Tier 1	Iopphen C NR	Tier 1
Fenofibrate	Tier 1	Irbesartan	Tier 1
Fentanyl (PA) (QCD)	Tier 1	Isosorbide Mononitrate ER	Tier 1
Finasteride	Tier 1	Januvia (ST)	Tier 2
Flovent HFA (QCD)	Tier 2	Junel	Tier 1
Fluconazole	Tier 1	Junel FE	Tier 1

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Top Covered Medications

Kelnor	Tier 1	Methocarbamol	Tier 1
Ketoconazole	Tier 1	Methotrexate	Tier 1
Ketorolac Tromethamine	Tier 1	Methylphenidate	Tier 1
Klor Con	Tier 1	Methylphenidate CD (QCD)	Tier 1
Labetalol	Tier 1	Methylphenidate ER (QCD)	Tier 1
Lamotrigine	Tier 1	Methylprednisolone	Tier 1
Lansoprazole (PA) (QCD)	Tier 2	Metoprolol Succinate	Tier 1
Lantus (QCD)	Tier 2	Metoprolol Tartrate	Tier 1
Lantus Solostar (QCD)	Tier 2	Metronidazole	Tier 1
Latanoprost	Tier 1	Microgestin FE	Tier 1
Levetiracetam	Tier 1	Minastrin FE	Tier 1
Levofloxacin	Tier 1	Minocycline	Tier 1
Levonorgestrel/Ethinyl Estradiol	Tier 1	Mirtazapine	Tier 1
Levothyroxine	Tier 1	Modafinil (PA)	Tier 1
Levoxyl	Tier 1	Mometasone Furoate	Tier 1
Lidocaine Patch (QCD)	Tier 1	Montelukast	Tier 1
Liothyronine	Tier 1	Morphine Sulfate ER (PA) (QCD)	Tier 1
Lisinopril	Tier 1	Multivitamin/Fluoride	Tier 1
Lisinopril HCTZ	Tier 1	Mupirocin	Tier 1
Lithium Carbonate	Tier 1	Nabumetone	Tier 1
Lithium Carbonate ER	Tier 1	Nadolol	Tier 1
Lo Loestrin FE	Tier 3	Naproxen	Tier 1
Lorazepam	Tier 1	Necon	Tier 1
Loryna	Tier 1	Nifedipine ER	Tier 1
Losartan	Tier 1	Nitrofurantoin Mono/Macro	Tier 1
Losartan HCTZ	Tier 1	Nitrostat	Tier 2
Lovastatin	Tier 1	Norethindrone	Tier 1
Ludent Fluoride	Tier 1	Norgestimate/Ethinyl Estradiol	Tier 1
Lutera	Tier 1	Nortrel	Tier 1
Lyrica (PA)	Tier 3	Nortriptyline	Tier 1
Medroxyprogesterone	Tier 1	Nuvaring	Tier 1
Meloxicam (QCD)	Tier 1	Nystatin	Tier 1
Metformin	Tier 1	Ocella	Tier 1
Metformin ER	Tier 1	Ofloxacin	Tier 1
Methimazole	Tier 1	Olanzapine	Tier 1

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Top Covered Medications

Omeprazole (QCD)	Tier 1	Ranitidine	Tier 1
Ondansetron (QCD)	Tier 1	Reclipsen	Tier 1
Ondasetron ODT (QCD)	Tier 1	Restasis (PA) (QCD)	Tier 3
Orsythia	Tier 1	Risperidone	Tier 1
Ortho Tri-Cyclen Lo	Tier 3	Rizatriptan (QCD)	Tier 1
Oxcarbazepine	Tier 1	Ropinirole	Tier 1
Oxybutynin ER	Tier 1	Sertraline (QCD)	Tier 1
Oxycodone	Tier 1	Simvastatin	Tier 1
Oxycodone/Acetaminophen	Tier 1	Sodium Sulfacetamide/Sulfur	Tier 1
OxyContin (PA) (QCD)	Tier 1	Spiriva (QCD)	Tier 2
Pantoprazole (QCD)	Tier 1	Spironolactone	Tier 1
Paroxetine	Tier 1	Sprintec	Tier 1
Paroxetine CR (QCD)	Tier 1	Strattera (PA) (QCD)	Tier 3
Penicillin V Potassium	Tier 1	Suboxone (PA) (QCD)	Tier 2
Phenazopyridine	Tier 1	Sulfamethoxazole/Trimethoprim	Tier 1
Pioglitazone (QCD)	Tier 1	Sumatriptan (QCD)	Tier 1
Polymyxin B Sulfate/Trimethoprim	Tier 1	Symbicort (ST) (QCD)	Tier 2
Potassium Chloride	Tier 1	Synthroid	Tier 3
Pramipexole	Tier 1	Tamoxifen	Tier 1
Pravastatin (QCD)	Tier 1	Tamsulosin	Tier 1
Prednisolone	Tier 1	Temazepam	Tier 1
Prednisolone Sodium Phosphate	Tier 1	Terazosin	Tier 1
Prednisone	Tier 1	Terbinafine	Tier 1
Premarin	Tier 2	Testosterone Cypionate	Tier 1
Prenatal Plus	Tier 1	Timolol	Tier 1
Proair HFA (QCD)	Tier 2	Tizanidine	Tier 1
Progesterone	Tier 1	Tobramycin/Dexamethasone	Tier 1
Promethazine	Tier 1	Topiramate	Tier 1
Propranolol	Tier 1	Tramadol	Tier 1
Propranolol ER	Tier 1	Trazodone	Tier 1
Pulmicort Flexhaler (QCD)	Tier 2	Tretinoin (PA)	Tier 1
Quetiapine	Tier 1	Triamcinolone	Tier 1
Quinapril	Tier 1	Tri-Linyah	Tier 1
QVAR (QCD)	Tier 2	Trinaterene HCTZ	Tier 1
Ramipril	Tier 1	Trinessa	Tier 1

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Top Covered Medications

Tri-Previfem	Tier 1
Tri-Sprintec	Tier 1
Vagifem	Tier 2
Valacyclovir	Tier 1
Valsartan	Tier 1
Valsartan HCTZ	Tier 1
Venlafaxine	Tier 1
Venlafaxine ER (QCD)	Tier 1
Verapamil ER	Tier 1
Viagra	Tier 3
Viorele	Tier 1
Vitamin D2	Tier 1
Voltaren Solution	Tier 2
Warfarin	Tier 1
Xarelto	Tier 2
Zetia (ST) (QCD)	Tier 3
Zolmitriptan (QCD)	Tier 1
Zolmitriptan ODT (QCD)	Tier 1
Zolpidem (QCD)	Tier 1
Zolpidem ER (QCD)	Tier 1

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Over-the-Counter Medications

Over-the-Counter Medications

For non-grandfathered health plans under the Affordable Care Act, the following list includes over-the-counter medications that are covered with no cost share when they are prescribed for you by your doctor. This list is up to date as of January 1, 2016, and is subject to change at any time.

- **Generic Aspirin (81mg)** is covered for females of all ages and males age 45–79.
- **Generic Folic Acid** is covered for females up to age 50.
- **Generic Iron** is covered for infants up to 12 months old.
- **Generic Smoking Cessation** is covered for up to two 90-day supplies per calendar year.
- **Generic Vitamin D** is covered for females of child bearing age and males age 65 and older.
- **Generic women's contraceptives** (e.g. female condoms, sponges, and spermicide) are covered.

Quality Care Dosing

Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dose of medications you receive comply with Food and Drug Administration (FDA) recommendations, as well as manufacturer and clinical information. When you fill a prescription for one of the following medications, it is checked electronically in two ways:

- **Dose Consolidation**—Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage.
- **Recommended Monthly Dosing Level**—Checks to see that your monthly dosage is consistent with the manufacturer's and FDA's monthly dosing recommendations and clinical information.

We will get your doctor's approval before making any changes to your prescribed medications.

For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, please visit our website at www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to the **Quality Care Dosing** section.

Please note: Your doctor may request an exception from the guidelines for medications that are subject to Quality Care Dosing (when medically necessary).

This list of medications that are in our Quality Care Dosing program is up-to-date as of January 1, 2016, and may change from time to time.

Quality Care Dosing

Abstral * (PA)
 AcipHex * (PA)
 Actiq * (PA)
 Actonel (ST)
 ACTOplus Met (ST)
 ACTOplus Met XR (ST)
 Actos (ST)
 Acular PF
 Acular *
 Acular LS *
 Adderall XR
 Advair Diskus (ST)
 Advair HFA (ST)
 Advicor (ST)
 Aerobid *
 Aerobid-M *
 Aerospan *
 Akynzeo *
 Alendronate Sodium
 Alora *
 Alosetron
 Alrex *
 Alsuma *
 Altoprev (ST)
 Alupent inhaler
 Alvesco *
 Ambien *
 Ambien CR *
 Amerge
 Amitiza
 Amlodipine
 Amlodipine-Atorvastatin
 Ampyra (PA) (SP)
 Anzemet *
 Aplenzin ER *

Aptenzio XR *
 Aranesp * (PA) (SP) (SPO)
 Arava *
 Arcapta Neohaler *
 Arnuity Ellipta *
 Arixtra *
 Asmanex Twisthaler *
 Astelin
 Astepro *
 Atelvia DR * (ST)
 Atorvastatin
 Atrovent (nasal spray)
 Atrovent HFA
 Auvi-Q *
 Avandamet (ST)
 Avandia (ST)
 Avinza *
 Avonex (SP) (SPO)
 Axert *
 Azelastine (nasal spray)
 Azmacort *
 Beconase AQ *
 Belsomra *
 Belviq (PA)
 Betaseron (SP) (SPO)
 Binosto * (PA)
 Boniva tablets * (ST)
 Breo Ellipta * (ST)
 Brintellix *
 Brisdelle *
 Budeprion SR
 Budeprion XL
 Budesonide (nebulizer)
 Budesonide (nasal spray)
 Bunavail (PA)

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Quality Care Dosing

Buprenorphine (PA)
Buprenorphine-Naloxone (PA)
Buprenex (PA)
Bupropion SR
Bupropion XL
Butorphanol NS
Butrans *
Bydureon
Byetta
Cabergoline
Caduet * (ST)
Cardura *
Cardura XL *
Catapres TTS
Celebrex (ST)
Celecoxib (ST)
Celexa *
Cesamet *
Cholbam
Ciclodin solution/kit
Ciclopirox nail lacquer
Citalopram
Climara
Climara Pro
Clonidine patch
CNL 8 nail kit *
Combivent
Combivent Respimat
Concerta
Contrave (PA)
Copaxone (SP) (SPO)
Cosentyx * (PA)
Crestor (ST)
Crolom ophthalmic
Cromolyn ophthalmic

Cymbalta
Daklinza ** (PA) (SP)
Desvenlafaxine ER *
Dexilant * (PA)
Dexmethylphenidate ER
Dexmethylphenidate XR
Dextroamphetamine/Amphetamine ER
Diflucan (150 mg only)
Dihydroergotamine (nasal spray)
Doxazosin
Dulera (ST)
Duloxetine
Duloxetine DR
Duragesic * (PA)
Dymista *
Edluar *
Effexor XR *
Embeda *
Emend
Enbrel (PA) (SP) (SPO)
Enoxaparin
Epinephrine injection
Epi-Pen Auto-Injector
Epogen * (PA) (SP) (SPO)
Escitalopram
Esomeprazole (PA)
Esomeprazole Strontium * (PA) (QCD)
Estraderm
Estradiol patch
Estrasorb *
Estrogel *
Eszopiclone
Evamist *
Evzio
Exalgo *

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Quality Care Dosing

Extavia (SP) (SPO)

Famciclovir

Famvir *

Farydak (PA)

Farxiga * (ST)

Fentanyl oral/mucosal (PA)

Fentanyl patch (PA)

Fentora * (PA)

Fetzima *

Flovent/HFA

Fluconazole (150 mg only)

Flunisolide

Fluoxetine

Fluoxetine DR

Fluticasone

Fluvastatin XR

Fluvastatin

Fluvoxamine

Fluvoxamine CR

Focalin XR *

Fondaparinux

Foradil

Forfivo XL *

Forteo (PA) (SP) (SPO)

Fosamax * (ST)

Fosamax Plus D (ST)

Fragmin *

Frova *

Fulyzaq (PA)

Gatifloxacin

Gilenya (SP)

Glatopa

Glucose testing strips (all)

Glyxambi *

Granisetron

Granisol

Granix

Grastek (PA)

Harvoni (PA) (SP)

Hetlioz (PA)

Humira (PA) (SP) (SPO)

Hydromorphone ER (PA)

Hysingla ER * (PA)

Hytrin *

Ibandronate

Ibrance (PA) (SP)

Imitrex

Incruse Ellipta * (ST)

Infergen (PA) (SP) (SPO)

Invokana (ST)

Insulins (all)

Intermezzo *

Ipratropium NS

Irenka DR *

Itraconazole

Jardiance (ST)

Kadian * (PA)

Kerydin *

Ketorolac ophthalmic

Khedeza *

Kytril *

Lamisil *

Lansoprazole (PA)

Lansoprazole/Amoxicillin/Clarithromycin

Lazanda * (PA)

Leflunomide

Lescol * (ST)

Lescol XL * (ST)

Lexapro

Lidocaine Patch

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Quality Care Dosing

Lidoderm
Linzess
Lipitor * (ST)
Liptruzet **
Livalo * (ST)
Lotronex
Lovastatin
Lovenox *
Lunesta
Luvox CR *
Lysteda *
Maxair Autohaler *
Maxalt *
Maxalt-MLT *
Meloxicam
Menostar *
Metadate CD
Methylphenidate CD
Methylphenidate ER
Mevacor * (ST)
Migranal
Minivelle
Mirtazapine
Mirtazapine Rapid Dissolve
Mobic *
Morphine Sulfate ER (PA)
Movantik
Moxeza *
MS Contin (PA)
Naratriptan
Nasonex *
NebuPent
Neulasta (SP)
Neupogen (SP)
Nexium * (PA)

Norvasc *
Olanzapine-Fluoxetine
Olopatadine Nasal
Omeprazole
Omeprazole-Sod. Bicarbonate * (PA)
Omnicar * *
Omontys (PA) (SP)
Ondansetron
Ondansetron ODT
Onmel *
Onsolis * (PA)
Opana ER * (PA)
Oralair (PA)
Oramorph SR * (PA)
Otezla (PA)
Oxycodone ER (PA)
OxyContin (PA)
Oxymorphone ER (PA)
Pantoprazole
Paroxetine
Paroxetine CR
Patanase *
Paxil *
Paxil CR *
Pediaprox-4
Pegasys (SP) (SPO)
PEG-Intron (SP) (SPO)
Penlac *
Pexeva *
Pioglitazone (ST)
Pioglitazone-Glimepiride (ST)
Pioglitazone-Metformin (ST)
Plegridy * (SP)
Praluent ** (SP)
Pravachol * (ST)

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 (MBO) medical benefit only
 (PA) prior authorization required
 (PA17) prior authorization required for members who are 17 years of age or older
 (PA30) prior authorization required for members age 30 and older
 (QCD) Quality Care Dosing limits apply
 (SP) medication is part of the specialty pharmacy benefit
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 (ST) step therapy required

Quality Care Dosing

Pravastatin
Prevacid * (PA)
PrevPac *
Prilosec * (PA)
Pristiq *
ProAir HFA
ProAir Respiclick
Procrit (PA) (SP) (SPO)
Protonix * (PA)
Proventil HFA *
Prozac *
Prozac Weekly *
Pulmicort Flexhaler
Pulmicort Respules
QNASL *
Qualaquin
Qutenza (SP)
QVAR
Rabeprazole (PA)
Ragwitek (PA)
Rapaflox
Rebif (SP) (SPO)
Relpax *
Remeron *
Remeron Soltab *
Repatha ** (SP)
Restasis (PA)
Rhinocort Aqua *
Risedronate
Ritalin LA *
Rizatriptan
Rozerem
Sancuso *
Sarafem *
Saxenda (PA)

Selferma
Serevent Diskus
Sertraline
Silenor *
Simcor * (ST)
Simponi (PA) (SP) (SPO)
Simvastatin
Sonata
Spiriva
Sporanox *
Stiolto Respimat
Strattera (PA17)
Striverdi Respimat
Suboxone (PA)
Subsys * (PA)
Subutex (PA)
Sumatriptan
Sumavel Dosepro *
Symbicort (ST)
Symbyax
Synjardy **
Tanzeum
Technivie ** (PA) (SP)
Terazosin
Terbinafine
Terbinex *
Tivorbex *
Toujeo Solostar *
Tranexamic Acid
Treximet *
Trulicity (ST)
Tudorza
Valacylovir
Valtrex
Venlafaxine ER capsule

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Quality Care Dosing

Venlafaxine ER tablet

Ventolin HFA *

Veramyst *

Victoza (ST)

Viekira PAK * (PA) (SP)

Vigamox *

Viibryd *

Vivelle

Vivelle-Dot

Vytorin * (ST)

Vyvanse *

Wellbutrin SR *

Wellbutrin XL *

Xartemis XR * (PA)

Xifaxan

Xigduo * (ST)

Xopenex HFA *

Zaleplon

Zarxio

Zegerid * (PA)

Zetia (ST)

Zetonna *

Zocor * (ST)

Zofran *

Zofran ODT *

Zohydro ER * (PA)

Zolmitriptan

Zolmitriptan ODT

Zoloft *

Zolpidem

Zolpidem ER

Zolpimist *

Zomig *

Zomig ZMT *

Zubsolv **

Zuplenz *

Zydelig (SP)

Zymar *

Zymaxid *

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Prior Authorization

Prior Authorization

Your doctor is required to obtain prior authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

For the most up-to-date list of medications that require prior authorization, please visit our website, www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Prior Authorization**.

Another part of our prior authorization program is step therapy. Please refer to page 22 for a list of medications that require step therapy.

This list of medications that require prior authorization is up-to-date as of January 1, 2016, and may change from time to time.

Prior Authorization

Abstral * (QCD)
 AcipHex * (QCD)
 Actemra (SP)
 Acthar (SP)
 Actiq * (QCD)
 Adcirca (SP)
 Amevive (MBO)
 Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)
 Ampyra (QCD) (SP)
 Aralast (MBO)
 Aralast NP (MBO)
 Aranesp * (QCD) (SP) (SPO)
 Avinza * (QCD)
 Belviq
 Binosto *
 Boniva syringe * (SP)
 Botox (SP)
 Bunavail (QCD)
 Buprenorphine (QCD)
 Buprenorphine-Naloxone (QCD)
 Buprenex
 Butrans * (QCD)
 Ceredase (MBO)
 Cerezyme (MBO)
 Cimzia (SP) (SPO)
 Cinryze (MBO)
 Contrave (QCD)
 Cosentyx *
 Daklinza ** (QCD) (SP)
 Desoxyn (PA17)
 Dexilant * (QCD)
 Dextroamphetamines (e.g. Dexedrine) (PA17)
 Difucid *
 Diskets

Dolophine
 Duragesic * (QCD)
 Dysport
 Egrifta (SP)
 Elidel
 Embeda * (QCD)
 Enbrel (QCD) (SP) (SPO)
 Enteral formula
 Entyvio (SP)
 Epogen * (QCD) (SP) (SPO)
 Erbitux (MBO)
 Esomeprazole (QCD)
 Esomeprazole Strontium * (QCD)
 Euflexxa * (SPO)
 Exalgo * (QCD)
 Eylea (MBO)
 Factor VIII, VIIIa, IX, XIII (MBO)
 Farydak (SP)
 Fentanyl patch (QCD)
 Fentanyl oral/mucosal (QCD)
 Fentora * (QCD)
 First-lansoprazole
 First-omeprazole
 Forteo (QCD) (SP) (SPO)
 Fulyzaq (QCD)
 Gel-One * (SPO)
 Genotropin * (SP) (SPO)
 Geref
 Grastek (QCD)
 Harvoni (QCD)
 Hetlioz (QCD)
 Humatrope (SP) (SPO)
 Humira (QCD) (SP) (SPO)
 Hyalgan * (SPO)
 Hysingla ER * (QCD)

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Prior Authorization

Ibandronate injection/syringe

Ibrance (QCD) (SP)

Ilaris (SP) (SPO)

Increlix

Incivek (SP) (SPO)

Interferons (alpha, gamma)

Iplex

IV Immunoglobulin (MBO)

Kadian * (QCD)

Kalydeco

Kineret (SP) (SPO)

Lansoprazole (QCD)

Lazanda * (QCD)

Lenvima (SP)

Leukine (SP)

Lucentis (MBO)

Lynparza (SP)

Lyrica

Macugen (MBO)

Makena (SP)

Mekinist

Methadone

Methadose

Modafinil

Monovisc * (SPO)

Morphine Sulfate CR (QCD)

Morphine Sulfate ER (QCD)

MS Contin (QCD)

Myalept (SP)

Nexium * (QCD)

Norditropin * (SP) (SPO)

Nucynta ER *

Nutritional Supplements

Nutropin * (SP) (SPO)

Nuvigil * (PA17)

Olysio (SP)

Omeprazole-Sod. Bicarbonate * (QCD)

Omnitrope (SP) (SPO)

Omontys (SP) (SPO)

Onsolis * (QCD)

Opana ER * (QCD)

Opdivo (SP)

Oralair (QCD)

Oramorph SR * (QCD)

Orencia (SP)

Orthovisc * (SPO)

Otezla (QCD) (SP)

Oxycodone ER (QCD)

Oxycontin (QCD)

Oxymorphone ER (QCD)

Preservative-Free Morphine (MBO)

Prevacid * (QCD)

Prilosec * (QCD)

Procrit (QCD) (SP) (SPO)

Prolastin (MBO)

Prolastin C (MBO)

Proleukin (SP)

Prolia (SP) (SPO)

Protonix * (QCD)

Protopic

Protropin (SPO)

Provigil (PA17)

Rabeprazole (QCD)

Ragwitek (QCD)

Raptiva

Reclast (MBO)

Regranex

Remicade (SP)

Respiratory SyncytialVirus IG/Synagis (SP)

Restasis (QCD)

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Prior Authorization

Revatio * (SP)
 Rituxan (SP)
 Saizen * (SP) (SPO)
 Saxenda (QCD)
 Serostim
 Sildenafil (SP)
 Simponi (QCD) (SP) (SPO)
 Sovaldi (SP)
 Stelara * (SP) (SPO)
 Strattera (PA17) (QCD)
 Suboxone (QCD)
 Subsys * (QCD)
 Supartz * (SPO)
 Synvisc * (SPO)
 Synvisc One * (SPO)
 Tafenlar (PA) (SP)
 Technivie ** (QCD) (SP)
 Tev-Tropin * (SP) (SPO)
 Topical Retinoic Acid Derivatives (e.g. Retin-A) (PA30)
 TPN (total parenteral nutrition) (MBO)
 Tysabri (MBO)
 Vectibix (MBO)
 Victrelis (SP)
 Viekira PAK * (QCD)
 Xalkori (SP)
 Xartemis XR * (QCD)
 Xeljanz * (SP)
 Xenazine
 Xeomin
 Xgeva (SP) (SPO)
 Xiaflex (MBO)
 Xolair (MBO)
 Zegerid * (QCD)
 Zelboraf (SP)
 Zohydro ER * (QCD)

Zomactin * (SP) (SPO)
 Zometa (MBO)
 Zorbtive (SPO)
 Zubsolv (QCD)
 Zydelig (SP)
 Zykadia (SP)

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Specialty Pharmacy

Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to dispense certain medications classified as specialty. The following is a list of medications that can only be purchased from one of the pharmacies in this network in order for coverage to be available.

This list is up-to-date as of January 1, 2016. You can find the latest information about your medications and look up pharmacy contact information by visiting www.bluecrossma.com/pharmacy.

Network Pharmacy Information

AcariaHealth
1-866-892-1202
www.acariahealth.com

Accredo Health Group, Inc. /CuraScript
1-877-988-0058
www.accredo.com

CVS Caremark, Inc.
1-866-846-3096
www.caremark.com

OncoMed, the Oncology Pharmacy
1-877-662-6633
www.oncomed.net

Walgreens Specialty Pharmacy
1-800-649-2872 / Fax: 866-935-0719
www.walgreens.com/specialty

Network Pharmacy Information for Medications Most Commonly Used for Fertility

BriovaRx
1-800-850-9122
www.briovarx.com

Freedom Fertility Pharmacy
1-866-297-9452
www.freedomfertility.com

Metro Drugs
1-888-258-0106
www.metrodrugs.com

Village Fertility Pharmacy
1-877-334-1610
www.villagefertilitypharmacy.com

Walgreens
1-800-424-9002
www.walgreens.com/pharmacy/specialpharmacy.jsp

Specialty Pharmacy

Injectable Medications

Abraxane
Actemra (PA)
Acthar (PA)
Actimmune (PA) (SPO)
Adriamycin PFS
Adrucil
Alferon N (PA)
Alkeran
Apokyn
Aranesp * (PA) (QCD) (SPO)
Arcalyst Injection (SPO)
Aredia
Arzerra
Aveed
Avonex (QCD) (SPO)
Beleodaq
Betaseron (QCD) (SPO)
BiCNU
Bivigam (PA)
Bleomycin Sulfate
Blinicyto
Boniva Injection * (PA)
Botox (PA)
Busulfex
Calcium Folate
Camptosar
Carboplatin
Carimune (PA)
Cerubidine
Cimzia (PA) (SPO)
Cisplatin
Cladribine
Copaxone (QCD) (SPO)
Cosentyx * (PA) (SPO)

Cosmegen
Cyclophosphamide
Cyramza
Cytarabine
Cytogam (PA)
Cytoxan
Dacarbazine
Dactinomycin
Daunorubicin HCL
DaunoXome
DDAVP *
Depocyt
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Doxil
Doxorubicin HCl
DTIC-Dome
Duopa
Dysport (PA)
Egrifta (PA)
Eligard
Ellence
Eloxatin
Elspar
Enbrel (PA) (QCD) (SPO)
Entyvio (PA)
Epirubicin
Epogen * (PA) (QCD) (SPO)
Ethylol
Etopophos
Etoposide
Extavia * (QCD) (SPO)
Faslodex

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Specialty Pharmacy

Firazyr
Firmagon
Flebogamma (PA)
Floxuridine
Fludara
Fludarabine phosphate
Fluorouracil
Forteo (PA) (QCD) (SPO)
FUDR
Fusilev I.V.
Fuzeon (SPO)
Gammagard (PA)
Gammagard Liquid (PA)
GamaSTAN (PA)
Gammaked (PA)
Gammaplex (PA)
Gamunex (PA)
Gattex
Gazyva
Gemcitabine
Gemzar
Genotropin * (PA) (SPO)
Glatopa (QCD) (SPO)
Granix
Herceptin
Hizentra (PA)
Humatrope (PA) (SPO)
Humira (PA) (QCD) (SPO)
Hycamtin
HyQvia (PA)
Ibandronate injection/syringe
Idamycin PFS
Idarubicin
Ifex
Ifosfamide

Ifosfamide/Mesna
Ilaris (PA) (SPO)
Increlex (PA) (SPO)
Infergen (PA) (QCD) (SPO)
Intron A (PA) (SPO)
Irinotecan
Istodax
Kenalog
Keytruda
Kineret (PA) (SPO)
Kynamro
Lemtrada * (SPO)
Leucovorin Calcium
Leukine (PA)
Leuprolide Acetate (SPO)
Leustatin
Lipodox
Lipodox-50
Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena (PA)
Marqibo
Mesna
Mesnex
Methotrexate
Mitomycin
Mitoxantrone
Mozobil
Mustargen
Myalept (PA)
Mylotarg
Myobloc (PA)
Naptara
Navelbine

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Specialty Pharmacy

Neosar
Neulasta (QCD)
Neumega
Neupogen (QCD)
Nipent
Norditropin * (PA) (SPO)
Norditropin Flexpro * (PA) (SPO)
Norditropin Nordiflex * (PA) (SPO)
Novantrone
Nplate
Nutropin (PA) (SPO)
Nutropin AQ (PA) (SPO)
Nutropin AQ Nuspin (PA) (SPO)
Octagam (PA)
Octreotide injection (SPO)
Omnitrope * (PA) (SPO)
Oncaspar
Onxol
Opdivo (PA)
Orencia (PA)
Otrexup *
Oxaliplatin
Paclitaxel
Pamidronate
Pamidronate disodium
Pegasys (QCD) (SPO)
Peg-Intron (QCD) (SPO)
Photofrin
Plegridy * (QCD)
Praluent ** (QCD)
Privigen (PA)
Procrit (PA) (QCD) (SPO)
Proleukin (PA)
Prolia (PA) (SPO)
Rebif (QCD) (SPO)

Remicade (PA)
Repatha ** (QCD)
Revatio * (PA)
Rituxan (PA)
Ruconest
Saizen * (PA) (SPO)
Sandostatin (SPO)
Sandostatin-LAR
Serostim (PA) (SPO)
Signafor
Signafor LAR
Simponi (PA) (QCD) (SPO)
Simponi Aria (PA)
Simulect
Somatuline
Somavert (SPO)
Stelara * (PA) (SPO)
Sylatron (PA)
Sylvant
Synagis (PA)
Synribo
Tarabine
Taxol
Taxotere
Teniposide
Tev-Tropin * (PA) (SPO)
TheraCys
Thiotepa
Thyrogen
Toposar
Totect
Trelstar
Trelstar LA
Trelstar Depot
Valstar

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Specialty Pharmacy

Velcade
Vimzim
VinBLASTine
VinCRISTine
Vinorelbine
Vivitrol
Vumon
Xeomin (PA)
Xgeva (PA) (SPO)
Zaltrap
Zanosar
Zinecard
Zoladex
Zomacton * (PA) (SPO)
Zorbtive (PA) (SPO)

Oral Medications

8-Mop
Adcirca (PA)
Adempas
Afinitor
Alkeran
Ampyra (PA) (QCD)
Aubagio
Bethkis
Bosulif
Capecitabine
Carbaglu
Cerdelga **
Cometriq
Copegus (SPO)
Cystagon
Cytosan
Daklinza ** (PA) (QCD)
Daraprim
Duopa

Erivedge
Esbriet
Etoposide
Exjade
Farydak (PA)
Gilenya (QCD)
Gilotrif
Gleevec
Havroni (PA) (QCD)
Hetlioz (PA)
Hycamtin
Ibrance (PA)
Iclusig
Imbruvica
Incivek (PA)
Inlyta
Iressa
Jadenu
Jakafi
Kalydeco (PA)
Kitabis PAK *
Korlym
Kuvan
Lenvima (PA)
Letairis
Lynparza (PA)
Mekinist
Mesnex
Moderiba
Nexavar
Northera *
Ofev
Oforta
Olysio (PA)
Onsolis * (PA) (QCD)

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Specialty Pharmacy

Opsumit
Orenitram
Orfadin (SPO)
Orkambi **
Otezla (PA) (QCD)
Otezla Starter Pack (PA)
Pomalyst
Procysbi
Promacta
Pulmozyme (SPO)
Raptiva (PA)
Ravicti
Rebetol (SPO)
Revatio * (PA)
Revlimid
Ribapak (SPO)
Ribasphere (SPO)
Ribatab
Ribavirin (SPO)
Rilutek
Riluzole
Sabril
Sildenafil (PA)
Sovaldi (PA)
Sprycel
Stivarga
Sucraid
Sutent
Tafinlar (PA)
Tarceva
Tasigna
Tecfidera
Technivie ** (PA) (QCD)
Temodar
Temozoloamide

Tetrabenazine
Thalomid
TOBI ampules (SPO)
TOBI-Podhaler (SPO)
Tobramycin ampules
Tracleer
Tykerb
Tyvaso
Viekira PAK * (PA) (QCD)
Victrelis (PA)
Votrient
Xalkori (PA)
Xeljanz *
Xeloda
Xenazine
Xtandi (ST)
Xyrem
Zavesca
Zelboraf (PA)
Zolanza
Zydelig (QCD)
Zykadia (PA)
Zytiga

Topical

Cystaran
Panretin (SPO)
Qutenza (QCD)
Valchlor
Zecuity *

Fertility Medications

Bravelle * (SPO)
Cetrotide (SPO)
Clomid
Clomiphene
Endometrin

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Specialty Pharmacy

Follistim AQ * (SPO)

Ganirelix * (SPO)

Gonal F/Gonal F RFF (SPO)

Gonal F Rff Rediject (SPO)

Human Chorionic Gonadotropin (HCG) (SPO)

Leuprolide (SPO)

Lupron Depot

Lupron Depot-Ped

Luveris (SPO)

Menopur (SPO)

Novarel

Ovidrel (SPO)

Pregnyl (SPO)

Repronex (SPO)

Serophene

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Step Therapy

Step Therapy

Step therapy is a key part of our prior authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

This list is up-to-date as of January 1, 2016, and is subject to change at any time. For the most up-to-date list of medications that require step therapy, please visit our website www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions
** (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions
(MBO) medical benefit only
(PA) prior authorization required
(PA17) prior authorization required for members who are 17 years of age or older
(PA30) prior authorization required for members age 30 and older
(QCD) Quality Care Dosing limits apply
(SP) medication is part of the specialty pharmacy benefit
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(ST) step therapy required

Step Therapy

Atypical Antipsychotic Medications

Abilify
Abilify DiscMelt *
Abilify Maintenna *
Clozaril
Fanapt *
FazaClo *
Geodon
Haldol
Haldol Decanoate
Invega *
Invega Sustenna
Invega Trinza
Latuda *
Loxitane
Rexulti **
Risperdal
Risperdal Consta
Risperdal M-Tab *
Saphris *
Seroquel
Seroquel XR
Symbyax (QCD)
Zyprexa
Zyprexa IM *
Zyprexa Relprevv *
Zyprexa Zydis

Asthma Management

Accolate *
Advair Diskus (QCD)
Advair HFA (QCD)
Anoro Ellipta (QCD)
Breo Ellipta * (QCD)
Dulera (QCD)
Incruse Ellipta * (QCD)

Singulair
Stiolto Respimat (QCD)
Symbicort (QCD)
Zafirlukast
Zyflo *
Zyflo CR *

Cholesterol Treatment

Advicor (QCD)
Altoprev * (QCD)
Caduet * (QCD)
Crestor (QCD)
Juxtapid
Kynamro (SP)
Lescol * (QCD)
Lescol XL * (QCD)
Lipitor * (QCD)
Liptruzet * (QCD)
Livalo * (QCD)
Mevacor * (QCD)
Pravachol * (QCD)
Simcor * (QCD)
Vytorin * (QCD)
Zetia (QCD)
Zocor * (QCD)

Diabetes Management

ACTOplus Met (QCD)
ACTOplus Met XR (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Duetact
Farxiga *
Fortamet *
Glucophage *

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Step Therapy

Glucophage XR *

Glumetza *

Glyxambi * (QCD)

Invokana (QCD)

Invokamet (QCD)

Janumet

Janumet XR

Januvia

Jardiance

Jentadueto *

Kazano *

Kombiglyze XR

Nesina *

Onglyza

Oseni *

Pioglitazone (QCD)

Pioglitazone-Glimepiride (QCD)

Pioglitazone-Metformin (QCD)

Prandin *

Prandimet *

Tradjenta *

Trulicity (QCD)

Victoza (QCD)

Xigduo * (QCD)

Glaucoma

Lumigan

Rescula *

Travatan

Travatan Z

Xalatan

Heart/Blood Modifiers/Circulation

Amturnide *

Atacand *

Atacand HCT *

Avalide

Avapro

Azor

Benicar

Benicar HCT

Cozaar *

Diovan

Diovan HCT

Edarbi *

Edarbyclor *

Exforge

Exforge-HCT

Hyzaar *

Micardis *

Micardis HCT *

Tekamlo *

Tekturna *

Tekturna HCT *

Teveten *

Teveten HCT *

Tribenzor

Twynsta *

Valturna *

Osteoporosis Treatment (Oral)

Actonel (QCD)

Atelvia DR * (QCD)

Binosto * (QCD)

Boniva tablets * (QCD)

Fosamax * (QCD)

Fosamax Plus D (QCD)

Pain Relievers (Cox II Inhibitors)

Celebrex (QCD)

Celecoxib (QCD)

Prostate Treatment

Avodart

Jalyn

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Step Therapy

Proscar *

Prostate Cancer - Oral

Xtandi

Parkinson's Disease Treatment

Mirapex

Mirapex ER *

Requip *

Requip XL *

Overactive Bladder Treatment

Detrol *

Detrol LA *

Ditropan *

Ditropan XL *

Enablex *

Gelnique *

Oxytrol *

Myrbetriq *

Sanctura *

Sanctura XR *

Toviaz *

Vesicare

Topical Testosterone

Fortesta *

Natesto Nasal *

Testim *

Testosterone gel (Fortesta Authorized product) *

Testosterone gel (Testim Authorized product) *

Testosterone gel (Vogelxo Authorized product) *

Testosterone CIK Kit *

Vogelxo *

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Non-Covered Medication

Non-Covered Medication

Your pharmacy program provides coverage for over 4,000 prescription medications. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. If a non-covered drug is approved, it will be covered at the highest tier or cost share. Check with your doctor about appropriate alternatives if you currently take any of these medications.

Please note: Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

This list of non-covered medications is up-to-date as of January 1, 2016, and may change from time to time. For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, www.bluecrossma.com/medications and proceed to the **Medications that are not Covered** section.

Non-Covered Medication

Abilify DiscMelt (ST)
 Abilify Maintenna (ST)
 Absorica
 Abstral (PA) (QCD)
 Acanya
 Accolate (ST)
 Accu-Chek diabetic testing supplies (QCD)
 AccuNeb
 Accupril
 Accutane
 Aceon
 AcipHex (PA) (QCD)
 Acticlate
 Actigall
 Actiq (PA) (QCD)
 Activella
 Acular (QCD)
 Acular LS (QCD)
 Acuvail
 Aczone
 Adalat CC
 Adazin
 Adderall
 Adoxa CK
 Adoxa TT
 Advanced Allergy Collection Kit
 Advocate Redi-Code diabetic testing supplies (QCD)
 Aerobid (QCD)
 Aerobid-M (QCD)
 Aerospan (QCD)
 Afrezza
 Airtet
 Akynzeo (QCD)
 Alivycin Antipruritic SG gel

Aleveer
 Alodox
 Aloquin
 Alora (QCD)
 Alrex (QCD)
 Alsuma (QCD)
 Altabax
 Altace
 Altoprev (QCD) (ST)
 Aluvea
 Alvesco (QCD)
 Ambien (QCD)
 Ambien CR (QCD)
 Amrix
 Amturnide (ST)
 Anafranil
 Analpram Advanced
 Analpram-E kit
 Angeliq
 Antara
 Anzemet (QCD)
 Apidra
 Aplenzin ER (QCD)
 Appformin-D
 Aptensio XR (QCD)
 Aqua Glycolic HC
 Aranesp (PA) (QCD) (SP) (SPO)
 Arava (QCD)
 Arcapta Neohaler (QCD)
 Arixtra (QCD)
 Arnuity Ellipta (QCD)
 Ascensia diabetic testing supplies (QCD)
 Asmanex Twisthaler (QCD)
 Assure diabetic testing supplies (QCD)
 Astepro (QCD)

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Non-Covered Medication

Atacand (ST)
 Atacand HCT (ST)
 Atelvia DR (QCD) (ST)
 Ativan
 Atopiclair
 Atralin
 Atrapro Dermal Spray
 Atrapro CP
 Atrapro Hydrogel
 Atropen
 Augmentin XR
 Aurostat
 Auryxia
 Auvi-Q (QCD)
 Avelox
 Avidoxy
 Avidoxy DK
 Avinza (PA) (QCD)
 Avita
 Axert (QCD)
 Axid
 Azasite
 Azmacort (QCD)
 B-D diabetic testing supplies (QCD)
 Beconase AQ (QCD)
 Belsomra (QCD)
 BenzaClin kit
 Besivance
 BG-Star diabetic testing supplies (QCD)
 Binosto (QCD) (ST)
 Bionect
 Boniva syringe (PA) (SP)
 Boniva tablets (QCD) (ST)
 Bravelle (SP)
 Breo Ellipta (QCD) (ST)

Brevicon
 Brilinta
 Brintellix (QCD)
 Brisdelle (QCD)
 Bromday
 Brovana
 Butrans (PA) (QCD)
 Bystolic
 Caduet (QCD)
 Calcitriol Topical
 Cambia
 Caphosol
 Capoten
 Careone diabetic testing supplies (QCD)
 Carezens N diabetic testing supplies (QCD)
 Cardene
 Cardene SR
 Cardizem CD
 Cardizem LA
 Cardura XL (QCD)
 Cataflam
 Ceclor
 Ceclor CD
 Cedax
 Celexa (QCD)
 Cem-Urea
 Cenestin
 Centany
 Centany AT
 Cesamet (QCD)
 Cetraxel
 Chenodal
 Chibroxin Ocumeter
 Cipro-XR
 Cleanse and Treat

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Non-Covered Medication

Cleervue-M
Cleocin T
Clever Choice Voice diabetic testing supplies (QCD)
Clindacin ETZ Kit
Clindacin PAC
Clindagel
Clindamax
Clindareach
Clindets
Clobeta + Plus
Clobex
Clodan Kit
CNL 8 nail kit (QCD)
Colazal
CoLyte
Combigan
Combunox
Contour Next diabetic testing supplies (QCD)
Conzip
Coreg
Coreg CR
Corlanor
Cosentyx (PA) (QCD)
Cosopt PF
Cozaar (ST)
CVS Advanced diabetic testing supplies (QCD)
Cymbalta (QCD)
Daliresp
Darvocet N-100
Daypro
Daytrana
DDAVP
Demulen
Depo-Sub Q Provera 104
Derma-Smoothe/FS

Dermacin RX Silpak
Dermasilk RX SDS
Dermacin RX Surgical Pharmpak
Dermapak Plus
Dermasorb-AF
Dermasorb-HC
Dermasorb-TA
Dermasorb-XM
DermOtic
Desogen
Desonil + Plus
DesOwen kit
Desvenlafaxine ER (QCD)
Detrol (ST)
Detrol LA (ST)
Dexedrine (PA)
Dexilant (PA) (QCD)
Dificid (PA)
Dilacor XR
Dilaudid
Dipentum
Dispermox
Ditropan (ST)
Ditropan XL (ST)
Divigel
Duavee
Duexis
Duragesic (PA) (QCD)
Durezol
Dyloject
Dymista (QCD)
Dynabac
Dynacin
Dynacirc
Dynacirc CR

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Non-Covered Medication

Dytan

Easy Max diabetic testing supplies (QCD)

Easy Step diabetic testing supplies (QCD)

Easy Talk diabetic testing supplies (QCD)

Easy Touch diabetic testing supplies (QCD)

Easy-Trak diabetic testing supplies (QCD)

Edarbi (ST)

Edarbiclor (ST)

Edluar (QCD)

Effexor

Effexor XR (QCD)

Elenza

Elestrin

Eletone

Embeda (QCD)

Embrace diabetic testing supplies (QCD)

Emsam

Enablex (ST)

Enjuvia

Epaned

EpiCeram

Epiduo

Epiduo Forte

Episil

Epogen (PA) (SP) (SPO)

Equetro

Ertaczo

Esomeprazole Strontium (QCD) (ST)

Estrace

Estrasorb (QCD)

Estrogel (QCD)

Euflexxa (PA) (SPO)

Evamist (QCD)

Evoclin

ExacTech diabetic testing supplies (QCD)

Exalgo (PA) (QCD)

Extavia

Extina

Factive

Falessa kit

Famvir (QCD)

Fanapt (ST)

Farxiga (ST)

FazaClo (ST)

Femtrace

Fenoglide

Fentora (PA) (QCD)

Fertinex (SP)

Fetzima (QCD)

Fexmid

Fibracor

Fifty50 diabetic testing supplies (QCD)

Finacea Plus

Fioricet

Fiorinal

Fiorinal with Codeine

Flagyl

Flagyl ER

Flagyl IV

Flector

Flonase (QCD)

Fluoroplex

FML Forte

Focalin

Focalin XR (QCD)

Follistim AQ (SP)

Fora V12 diabetic testing supplies (QCD)

Forfivo XL (QCD)

Fortamet (ST)

Fortesta (ST)

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Non-Covered Medication

Fosamax (QCD) (ST)
 Fragmin (QCD)
 Freestyle diabetic testing supplies (QCD)
 Fresh Kote
 Frova (QCD)
 Ganirelix (SP) (SPO)
 Garamide
 Gel-One (PA) (SPO)
 Gelclair
 Gelnique (ST)
 GelX
 Genotropin (PA) (SP) (SPO)
 GE 100 diabetic testing supplies (QCD)
 Giazio
 Glucocard diabetic testing supplies (QCD)
 Glucometer diabetic testing supplies (QCD)
 Glucophage
 Glucophage XR
 Glumetza
 Glyxambi (QCD) (ST)
 Gmate diabetic testing supplies (QCD)
 GoLyteLy
 Halonate
 Halotin
 Healthpro diabetic testing supplies (QCD)
 Helidac
 Horizant
 HPR
 HPR Plus
 HPR Plus Hydrogel Kit
 Hyalgan (PA) (SPO)
 Hydrocortisone-Lidocaine kit
 Hylase
 Hylatopic
 Hylatopic Plus

Hylatopic Plus-Aurstat
 Hylira
 Hysingla ER (PA) (QCD)
 Hytrin (QCD)
 Hyzaar (ST)
 IB-Stat
 IC400 kit
 IC800 kit
 Ilevro
 Imuran
 Incruse Ellipta (QCD) (ST)
 Inderal LA
 Inderal XL
 Innohep
 InnoPran XL
 Intermezzo (QCD)
 Intuniv
 Invega (ST)
 Iquix
 Irenka DR (QCD)
 Istalol
 Jentadueto (ST)
 Jublia
 Kadian (PA) (QCD)
 Kapvay
 Kazano (ST)
 Keppra XR
 Keralyt kit
 Kerydin (QCD)
 Ketocon + Plus
 Khedezla (QCD)
 Kitabis PAK (SP)
 Klonopin
 Kro Premium diabetic testing supplies (QCD)
 Kytril (QCD)

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Non-Covered Medication

Lamictal ODT
Lamisil (QCD)
Lamisil Granules (QCD)
Latuda (ST)
Lazanda (PA) (QCD)
Lemtrada (SP) (SPO)
Lescol (QCD) (ST)
Lescol XL (QCD) (ST)
Levaquin
Levemir (QCD)
Levlen
Lexapro (QCD)
Lexxel
Lialda
Lidodextrapine
Lidovex
Lidovir
Lipitor (QCD) (ST)
Lipofen
Liptruzet (QCD) (ST)
Livalo (QCD) (ST)
Livixil PAK
Lodine
Lodine XL
Lofibra
Lopressor
Lorabid
Lorenza
LoSeasonique
Lotensin
Lotensin HCT
Loutrex
Lovaza
Lovenox (QCD)
Lunesta (QCD)

Luvox CR (QCD)
Luzu
Lysteda (QCD)
Lytensopril
MAC Patch
Mavik
Maxair Autohaler (QCD)
Maxalt (QCD)
Maxalt-MLT (QCD)
Maxipime
MB Hydrogel
Medrox Patch
Megace ES
Menostar (QCD)
Metaglip
Metozolv ODT
Metrogel kit
Mevacor (QCD) (ST)
Micardis (ST)
Micardis HCT (ST)
Minocin
Minocin Combo Pack
Mirapex ER (ST)
Mobic (QCD)
Momexin
Monodox
Monopril
Monopril HCT
Monovisc (PA) (SPO)
Morgidox
MoviPrep
Moxatag
Moxeza (QCD)
Myoxin
Myrbetriq

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Non-Covered Medication

Namzaric
Naprelan
Naprelan CR
Naprosyn
Naprosyn EC
Nasarel (QCD)
Nasonex (QCD)
Natazia
Natesto Nasal (ST)
Neo-Synalar Kit
Neosalus
Neosalus CP
Nesina (ST)
Neuac Kit
Neumaxin
Neupro
Neurontin
Nevanac
Nexiclon XR
Nexium (PA) (QCD)
Niravam
Norditropin (PA) (SP) (SPO)
Norinyl
Noroxin
Nor-Q-D
Northera (SP)
Norvasc (QCD)
Novacort
Nova Max diabetic testing supplies (QCD)
Novolin Insulin products
Novolog Insulin products
NuCort
Nucynta
Nucynta ER (PA)
NuLytely

NutriDox
Nuversa
Nuvigil (PA)
Ocudox kit
Oleptro ER
Olux
Omeprazole-Sod. Bicarbonate (PA) (QCD)
Omnaris (QCD)
Omnicef
Omnitrope (PA) (SP) (SPO)
Onexton
Onmel (QCD)
Onsolis (PA) (QCD)
Opana
Opana ER (PA) (QCD)
Optase
Oracea
Oramorph SR (PA) (QCD)
Orapred ODT
Oravig
Oroxin
Ortho-Prefest
Orthovisc (PA) (SPO)
Oseni (ST)
Osphena
Otrexup (SP)
Ovcon
Oxecta
Oxytrol (ST)
Pain Relief Patch
Pamelor
Pamine FQ
Pancreaze
Paptase
Patanase (QCD)

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Non-Covered Medication

Paxil (QCD)
Paxil CR (QCD)
PCE
PCE Dispertab
Pediaderm AF
Pediaderm HC
Pediaderm TA
Penlac (QCD)
Pennsaid
Pepcid
Percocet
Pertzye
Pexeva (QCD)
Phoslyra
Picato
Plaquenil
Plegridy (QCD) (SP)
PR-Cream
Pram-HCA
Pramcort
Pramosone E
PrandiMet (ST)
Pravachol (QCD) (ST)
Precision QID diabetic supplies (QCD)
Precision X-Tra diabetic supplies (QCD)
Prepopik
Presera
Prestalia
Prestige diabetic testing supplies (QCD)
Prevacid (PA) (QCD)
Prevacid NapraPAC
PrevPac
Prilosec (PA) (QCD)
Prinivil
Prinzide

Pristiq (QCD)
Procentra (PA)
Procort
Prodigy diabetic testing supplies (QCD)
Prolensa
Promiseb
Promiseb Light
Proquin XR
Protonix (PA) (QCD)
Proventil HFA (QCD)
Proventil inhaler (QCD)
Proventil
Proventil Repetab
Provenza
Prozac (QCD)
Prozac Weekly (QCD)
Purinethol
Pylera
QNASL (QCD)
Quartet
Quillivant XR
Quixin
RadiaPlex Rx
Radigel
Raniclor
Rapaflo
Rasuvio
Rayos
Reciphexamine
Recothrom
Relafen
Relion diabetic testing supplies (QCD)
Relpax (QCD)
Relyyks
Relyyt

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Non-Covered Medication

Remeron (QCD)
Remeron Soltab (QCD)
Renovo
Requip (ST)
Requip XL (ST)
Rescula (ST)
Restoril
Retin-A Micro (PA30)
Rhinocort Aqua (QCD)
Rinnovi
Risperdal M-Tab (ST)
Ritalin
Ritalin LA (QCD)
Ritalin SR
Rosadan
Rosanil
Rybix ODT
Rynatan
Rytary ER
Rythmol
Ryzolt
Saizen (PA) (SP) (SPO)
Salicylic Acid-Ceramide kit
Salkera
Salvax
Salvax Duo
Salvax Duo Plus
Sanctura (ST)
Sanctura XR (ST)
Sancuso (QCD)
Saphris (ST)
Sarafem (QCD)
Savaysa
Scalacort
Scar

Seasonique
Senophylline
Silenor (QCD)
Silvera
Silvrstat
Simbrinza
Simcor (QCD) (ST)
Sinelee
Sinemet
Sitavig
Skelid
Sklice
Smart Sense diabetic testing supplies (QCD)
Sof-Tact diabetic supplies (QCD)
Solaice
Solaraze
Solodyn
Soltamox
Solus V2 diabetic testing supplies (QCD)
Soma
Sonata (QCD)
Soolantra
Spectracef
Sporanox (QCD)
Sprix
Stavzor
Stelara (PA) (SPO)
Striant
Subsys (PA) (QCD)
Sular
Sumadan
Sumavel Dosepro (QCD)
Sumaxin
Sumaxin CP
Sumaxin TS

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 (QCD) Quality Care Dosing limits apply
 (SP) medication is part of the specialty pharmacy benefit
 (SPO) pharmacy benefit only
 (ST) step therapy required

Non-Covered Medication

Supartz (PA) (SPO)
Suprep
Synalar Combo-Pack
Synalar TS
Synvexia TC
Synvisc (PA) (SPO)
Synvisc-One (PA) (SPO)
Tagamet
Tekamlo (ST)
Tekturna (ST)
Tekturna HCT (ST)
Tenormin
Tequin
Terbinex (QCD)
Tersi
Test N'Go diabetic testing supplies (QCD)
Testim (ST)
Testone Kit
Testosterone gel (Fortesta Authorized product) (ST)
Testosterone gel (Testim Authorized product) (ST)
Testosterone gel (Vogelxo Authorized product) (ST)
Testosterone ClK Kit (ST)
Tetrix
Teveten (ST)
Teveten HCT (ST)
Tev-Tropin (PA) (SP) (SPO)
Therapentin
Theraproxen
Tiamate
Tiazac
Tindamax
Tirosint
Tivorbex (QCD)
TL-Triseb
TobraDex ST

Tofranil
Tornalate
Toujeo Solostar (QCD)
Toviaz (ST)
Tradjenta (ST)
Tranxene T-Tab
Tretin-X (PA)
Treximet (QCD)
Trezix
Tricor
Triglide
Tri-Levlen
Trilipix
Trinalin
Tri-Norinyl
TriOxin
Tritec
Tropazone
True Metrix diabetic supplies (QCD)
TrueTest diabetic supplies (QCD)
TrueTrack diabetic supplies (QCD)
Twynsta (ST)
Ultracet
Ultram/ER
Ultrasal ER
Ultravate PAC
Ultravate X
Ultressa
Unistrip 1 diabetic testing supplies (QCD)
Up & Up diabetic testing supplies (QCD)
Uramaxin
Urea kit
Valium
Valturna (ST)
Vanos

* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions
 ** (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions
 (MBO) medical benefit only
 (PA) prior authorization required
 (PA17) prior authorization required for members who are 17 years of age or older
 (PA30) prior authorization required for members age 30 and older
 (QCD) Quality Care Dosing limits apply
 (SP) medication is part of the specialty pharmacy benefit
 (SPO) pharmacy benefit only
 (ST) step therapy required

Non-Covered Medication

Vantin

Vascepa

Vaseretic

Vasolex

Vasotec

Vectical

Vectrin

Velma

Velphoro

Veltin (PA30)

Ventolin HFA (QCD)

Veramyst (QCD)

Veregen

Vexa

Vexol

Viekira PAK (PA) (SP)

Vigamox (QCD)

Viibryd (QCD)

Vimovo

Virasal

Vogelxo (ST)

Voltaren

Voltaren XR

Vusion

Vytorin (QCD) (ST)

Vyvanse (QCD)

Wavesense diabetic testing supplies (QCD)

Welchol

Wellbutrin

Wellbutrin SR (QCD)

Wellbutrin XL (QCD)

Xanax

Xanax XR

X-Clair

Xartemis XR (PA) (QCD)

Xeljanz (SP)

Xenaderm

Xerese

Xibrom

Xifaxan

Xigduo (QCD) (ST)

Xolegel

Xolox

Xopenex HFA (QCD)

Xopenex nebules

Xyralid

Z-Pram

Zanaflex

Zantac

Zebeta

Zecuity (SP)

Zegerid (PA) (QCD)

Zelapar

Zenieve

Zestril

Zetonna (QCD)

Ziana

Zinotic

Zinotic ES

Zipsor

Zithromax

Zmax

Zocor (QCD) (ST)

Zofran (QCD)

Zofran ODT (QCD)

Zohydro ER (PA) (QCD)

Zoloft (QCD)

Zolpimist (QCD)

Zomacton (PA) (SPO)

Zomig (QCD)

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 (PA30) prior authorization required for members age 30 and older
 (QCD) Quality Care Dosing limits apply
 (SP) medication is part of the specialty pharmacy benefit
 (SPO) pharmacy benefit only
 (ST) step therapy required

Non-Covered Medication

Zomig ZMT (QCD)

Zontivity

Zovirax

Zuplenz (QCD)

Zyflo (ST)

Zyflo CR (ST)

Zymar (QCD)

Zymaxid

Zypram

Zyprexa IM (ST)

Zyprexa Relprevv (ST)

Zytopic

* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions
** (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions
(MBO) medical benefit only
(PA) prior authorization required
(PA17) prior authorization required for members who are 17 years of age or older
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(QCD) Quality Care Dosing limits apply
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New Medication Approval Process

New Medication Approval Process

Our Pharmacy and Therapeutics Committee, which is made up of pharmacists and doctors of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to help us give our members prescription drug options that meet their medical needs and achieve desired treatment goals. Approved medications are added to our formulary as they are approved by our Pharmacy and Therapeutics Committee throughout the year.

While under review, new medications will not be covered by your plan. As with other medications that are not covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier or cost share.



MASSACHUSETTS

For health plans that include the value-based pharmacy benefit, the following medications are eligible for reduced member cost sharing when purchased through the **Express Scripts Mail Service Pharmacy**. In addition, for members on Saver plans, the deductible is also waived for these same medications when purchased through the Mail Service Pharmacy. Please refer to your benefit materials for more information on your plan's limitations and exclusions. This list is effective as of January 1, 2016, and may be updated from time to time. Find the latest information on specific medications by visiting www.bluecrossma.com/pharmacy.

Medications Commonly Used in the Treatment of Asthma

Albuterol Inhalation Solution	Flovent HFA	ProAir HFA	Theophylline
Aminophylline	Ipratropium nebulizer solution	Pulmicort	Zafirlukast
Budesonide nebulizer solution	Ipratropium-albuterol	Qvar	
Cromolyn nebulizer solution	Montelukast	Theochron	

Medications Commonly Used in the Treatment of Diabetes

Acarbose	Glipizide/Metformin HCL	Lantus	Tolazamide
Chlorpropamide	Glyburide	Metformin	Tolbutamide
Glimepiride	Glyburide/Metformin HCL	Metformin/ER	
Glipizide	Glyburide-Micro	Nateglinide	
Glipizide ER	Humalog	One Touch Test Strips	
Glipizide XL	Humulin	Symlin	

Medications Commonly Used in the Treatment of Coronary Artery Disease or Cardiovascular Disease Risk Factors

(High Blood Pressure and High Cholesterol)

You pay less for the following medications when obtained from the **Mail Service Pharmacy**. You qualify **ONLY** if you are taking a medication to treat high blood pressure **AND** a medication to treat high cholesterol.

High Blood Pressure			
Amiloride/HCTZ	Bisoprolol/HCTZ	Diltiazem HCL	Enalapril
Amlodipine	Captopril	Diltiazem HCL ER Cap	Enalapril/HCTZ
Amlodipine/Benazepril	Carvedilol	Diltiazem HCL SR Cap	Eplerenone
Atenolol	Chlorthalidone	Diltiazem HCL XR Cap	Felodipine ER
Atenolol/Chlorthalidone	Clonidine	Diltiazem HCL XT Cap	Furosemide
Benazepril	Diltiazem CD	Diltiazem XR Cap	Hydralazine
Benazepril/HCTZ	Diltiazem HCl Tab	Doxazosin	Hydrochlorothiazide

Medications Commonly Used in the Treatment of Coronary Artery Disease or Cardiovascular Disease Risk Factors (continued)

High Blood Pressure (continued)			
Irbesartan	Methazolamide	Nifedipine ER	Triamterene/HCTZ
Irbesartan/HCTZ	Metoprolol	Nifedipine XL	Verapamil
Lisinopril	Metoprolol succinate ER	Propranolol	Valsartan
Lisinopril/HCTZ	Nadolol	Ramipril	Valsartan/HCTZ
Losartan Potassium	Nicardipine	Spironolactone	
Losartan Potassium/HCTZ	Nifedipine CR	Terazosin	

High Cholesterol			
Atorvastatin	Colestipol	Gemfibrozil	Simvastatin
Cholestyramine	Fenofibrate	Pravastatin	

Medications Commonly Used in the Treatment of Depression

If you are taking one of the above medications to treat asthma, diabetes or both a medication to treat high blood pressure and cholesterol, then, you will also pay less for the following medications to treat depression when obtained from the **Mail Service Pharmacy**.

Citalopram	Fluoxetine	Paroxetine-CR	Sertraline
Escitalopram	Fluvoxamine	Paroxetine HCL	

Medications Commonly Used for Smoking Cessation

You pay nothing for the following medications. Smoking cessation medications are available at retail pharmacies in addition to the **Mail Service Pharmacy**.

Buproban	Commit	Nicotine ²	Nicotrol
Bupropion HCL ER ¹	Nicoderm CQ	Nicotine Gum ²	Nicotrol NS
Bupropion HCL SR ¹	Nicorelief	Nicotine Lozenge ²	NTS
Chantix	Nicorette	Nicotine Patch ²	

1. Generics of Zyban only
2. Also includes various store brands

\$9 Medications

Blue Cross Blue Shield of Massachusetts offers our members 90-day supplies of certain generic medications for just \$9 when the prescription is filled through the Express Scripts Mail Service Pharmacy. The following list includes those medications that are available for \$9. Normal prescription guidelines apply, which in some cases results in prescription supplies for fewer than 90 days. This list is up-to-date as of January 1, 2016, and may be updated from time to time.

If your copayment for a 90-day supply through the mail pharmacy is less than \$9, you will pay the lesser amount. \$9 price is based only on quantities stated below. The price of the medication may differ if the quantity purchased is different. The \$9 price is subject to change, so you should always confirm your cost prior to filling a medication.

Antibiotics, Antifungals, Antivirals

Drug Name/Strength	\$9 Quantity
AMOXICILLIN TRIHYDRATE 125MG/5ML SUSP RECON	240
AMOXICILLIN TRIHYDRATE 200MG/5ML SUSP RECON	150
AMOXICILLIN TRIHYDRATE 250MG CAPSULE	90
AMOXICILLIN TRIHYDRATE 250MG/5ML SUSP RECON	300
AMOXICILLIN TRIHYDRATE 400MG/5ML SUSP RECON	150
AMOXICILLIN TRIHYDRATE 500MG CAPSULE	90
CEPHALEXIN MONOHYDRATE 250MG CAPSULE	84
CEPHALEXIN MONOHYDRATE 500MG CAPSULE	90
CIPROFLOXACIN HCL 250MG TABLET	42
CIPROFLOXACIN HCL 500MG TABLET	60
FLUCONAZOLE 150MG TABLET	3
ISONIAZID 300MG TABLET	90
METRONIDAZOLE 250MG TABLET	180
METRONIDAZOLE 500MG TABLET	180
PENICILLIN V POTASSIUM 250MG TABLET	84
PENICILLIN V POTASSIUM 250MG/5ML SUSP RECON	300
SULFAMETHOXAZOLE/TRIMETHOPRIM 400-80MG TABLET	84
SULFAMETHOXAZOLE/TRIMETHOPRIM 800-160MG TABLET	60
TERBINAFINE 250MG TABLET	90

Anticoagulants

Drug Name/Strength	\$9 Quantity
WARFARIN SODIUM 10MG TABLET	90
WARFARIN SODIUM 1MG TABLET	90
WARFARIN SODIUM 2.5MG TABLET	90
WARFARIN SODIUM 2MG TABLET	90
WARFARIN SODIUM 3MG TABLET	90
WARFARIN SODIUM 4MG TABLET	90
WARFARIN SODIUM 5MG TABLET	90
WARFARIN SODIUM 6MG TABLET	90
WARFARIN SODIUM 7.5MG TABLET	90

Antihypertensives

Drug Name/Strength	\$9 Quantity
BENAZEPRIL/HYDROCHLOROTHIAZIDE 5-6.25MG TABLET	90
BENAZEPRIL/HYDROCHLOROTHIAZIDE 10-12.5MG TABLET	90
BENAZEPRIL/HYDROCHLOROTHIAZIDE 20-25MG TABLET	90

Antiseizure Medications

Drug Name/Strength	\$9 Quantity
PRIMIDONE 250MG TABLET	180
PRIMIDONE 50MG TABLET	180

Arthritis, Pain

Drug Name/Strength	\$9 Quantity
DICLOFENAC SODIUM 50MG TABLET DR	180
DICLOFENAC SODIUM 75MG TABLET DR	180
IBUPROFEN 100MG/5ML ORAL SUSP	360
IBUPROFEN 400MG TABLET	270
IBUPROFEN 600MG TABLET	180

Arthritis, Pain (cont.)

Drug Name/Strength	\$9 Quantity
IBUPROFEN 800MG TABLET	180
INDOMETHACIN 25MG CAPSULE	180
MELOXICAM 15MG TABLET	90
MELOXICAM 7.5MG TABLET	90
NAPROXEN 250MG TABLET	180
NAPROXEN 375MG TABLET	180
NAPROXEN 500MG TABLET	180
NAPROXEN SODIUM 220MG TABLET	180
NAPROXEN SODIUM 275MG TABLET	180

Asthma, Respiratory

Drug Name/Strength	\$9 Quantity
ALBUTEROL SULFATE 0.83MG/ML SOLUTION	225
ALBUTEROL SULFATE 2MG/5ML SYRUP	1440
ALBUTEROL SULFATE 5MG/ML SOLUTION	60
IPRATROPIUM BROMIDE 0.2MG/ML SOLUTION	225

Heart Health & Blood Pressure

Drug Name/Strength	\$9 Quantity
AMILORIDE/HYDROCHLOROTHIAZIDE 5MG-50MG TABLET	90
AMIODARONE HCL 200MG TABLET 90	90
ATENOLOL 100MG TABLET	90
ATENOLOL 25MG TABLET	90
ATENOLOL 50MG TABLET	90
ATENOLOL/CHLORTHALIDONE 100-25MG TABLET	90
ATENOLOL/CHLORTHALIDONE 50MG-25MG TABLET	90
BENAZEPRIL HCL 10MG TABLET	90
BENAZEPRIL HCL 20MG TABLET	90
BENAZEPRIL HCL 40MG TABLET	90
BENAZEPRIL HCL 5MG TABLET	90
BISOPROL/HYDROCHLOROTHIAZIDE 10-6.25MG TABLET	90
BISOPROL/HYDROCHLOROTHIAZIDE 2.5-6.25MG TABLET	90
BISOPROL/HYDROCHLOROTHIAZIDE 5-6.25MG TABLET	90

Heart Health & Blood Pressure (cont.)

Drug Name/Strength	\$9 Quantity
BISOPROLOL FUMARATE 10MG TABLET	90
BISOPROLOL FUMARATE 5MG TABLET	90
CARVEDILOL 12.5MG TABLET	180
CARVEDILOL 25MG TABLET	180
CARVEDILOL 3.125MG TABLET	180
CARVEDILOL 6.25MG TABLET	180
CHLOROTHIAZIDE 250MG TABLET	90
CLONIDINE HCL 0.1MG TABLET	180
CLONIDINE HCL 0.2MG TABLET	180
CLONIDINE HCL 0.3MG TABLET	90
DILTIAZEM HCL 120MG CAP.SR 24H	90
DILTIAZEM HCL 30MG TABLET	180
DILTIAZEM HCL 60MG TABLET	180
DILTIAZEM HCL 90MG TABLET	180
DOXAZOSIN MESYLATE 1MG TABLET	90
DOXAZOSIN MESYLATE 2MG TABLET	90
DOXAZOSIN MESYLATE 4MG TABLET	90
DOXAZOSIN MESYLATE 8MG TABLET	90
ENALAPRIL MALEATE 10MG TABLET	90
ENALAPRIL MALEATE 2.5MG TABLET	90
ENALAPRIL MALEATE 20MG TABLET	90
ENALAPRIL MALEATE 5MG TABLET	90
ENALAPRIL/HYDROCHLOROTHIAZIDE 5-12.5MG TABLET	90
FUROSEMIDE 20MG TABLET	90
FUROSEMIDE 40MG TABLET	90
FUROSEMIDE 80MG TABLET	90
GUANFACINE HCL 1MG TABLET	90
HYDRALAZINE HCL 100MG TABLET	270
HYDRALAZINE HCL 10MG TABLET	180
HYDRALAZINE HCL 25MG TABLET	90
HYDRALAZINE HCL 50MG TABLET	270
HYDROCHLOROTHIAZIDE 12.5MG CAPSULE	90
HYDROCHLOROTHIAZIDE 25MG TABLET	90
HYDROCHLOROTHIAZIDE 50MG TABLET	90
INDAPAMIDE 1.25MG TABLET	90
INDAPAMIDE 2.5MG TABLET	90
ISOSORBIDE MONONITRATE 30MG TAB.SR 24H	90

Heart Health & Blood Pressure (cont.)

Drug Name/Strength	\$9 Quantity
ISOSORBIDE MONONITRATE 60MG TAB.SR 24H	90
LABETALOL HCL 100MG TABLET	180
LABETALOL HCL 200MG TABLET	180
LABETALOL HCL 300MG TABLET	180
LISINOPRIL 10MG TABLET	90
LISINOPRIL 2.5MG TABLET	90
LISINOPRIL 20MG TABLET	90
LISINOPRIL 30MG TABLET	90
LISINOPRIL 40MG TABLET	90
LISINOPRIL 5MG TABLET	90
LISINOPRIL/HYDROCHLOROTHIAZIDE 10-12.5MG TABLET	90
LISINOPRIL/HYDROCHLOROTHIAZIDE 20-12.5MG TABLET	90
LISINOPRIL/HYDROCHLOROTHIAZIDE 20-25MG TABLET	90
METHYLDOPA 250MG TABLET	180
METHYLDOPA 500MG TABLET	180
METOPROLOL TARTRATE 100MG TABLET	180
METOPROLOL TARTRATE 25MG TABLET	180
METOPROLOL TARTRATE 50MG TABLET	180
PRAZOSIN HCL 1MG CAPSULE	90
PRAZOSIN HCL 2MG CAPSULE	90
PROPRANOLOL HCL 10MG TABLET	180
QUINAPRIL HCL 10MG TABLET	90
QUINAPRIL HCL 20MG TABLET	90
QUINAPRIL HCL 40MG TABLET	90
QUINAPRIL HCL 5MG TABLET	90
RAMIPRIL 1.25MG CAPSULE	90
RAMIPRIL 10MG CAPSULE	90
RAMIPRIL 2.5MG CAPSULE	90
RAMIPRIL 5MG CAPSULE	90
SOTALOL HCL 240MG TABLET	180
SOTALOL HCL 80MG TABLET	90
SPIRONOLACTONE 25MG TABLET	90
TERAZOSIN HCL 10MG CAPSULE	90
TERAZOSIN HCL 1MG CAPSULE	90
TERAZOSIN HCL 2MG CAPSULE	90

Heart Health & Blood Pressure (cont.)

Drug Name/Strength	\$9 Quantity
TERAZOSIN HCL 5MG CAPSULE	90
TORSEMIDE 100MG TABLET	90
TORSEMIDE 10MG TABLET	90
TORSEMIDE 20MG TABLET	90
TORSEMIDE 5MG TABLET	90
TRIAMTERENE/HYDROCHLOROTHIAZIDE 37.5-25MG CAPSULE	90
TRIAMTERENE/HYDROCHLOROTHIAZIDE 37.5-25MG TABLET	90
TRIAMTERENE/HYDROCHLOROTHIAZIDE 75-50MG TABLET	90
VERAPAMIL HCL 120MG TABLET	180
VERAPAMIL HCL 120MG TABLET SA	180
VERAPAMIL HCL 180MG TABLET SA	90
VERAPAMIL HCL 240MG TABLET SA	90
VERAPAMIL HCL 80MG TABLET	180
GUANFACINE HCL 2MG TABLET	90
BENAZEPRIL/HYDROCHLOROTHIAZIDE 20-12.5MG TABLET	90
PRAVASTATIN SODIUM 10 MG TABLET	90
PRAVASTATIN SODIUM 20 MG TABLET	90
PRAVASTATIN SODIUM 40 MG TABLET	90

Cold and Allergy Therapy

Drug Name/Strength	\$9 Quantity
BENZONATATE 100MG CAPSULE	42
CETIRIZINE HCL 10MG TABLET	90
CETIRIZINE HCL 5MG TABLET	90
D-METHORPHAN HB/PROMETHAZINE HCL 15-6.25/5 SYRUP	360
LORATADINE 10MG TABLET	90
PROMETHAZINE HCL 12.5MG TABLET	90
PROMETHAZINE HCL 25MG TABLET	90
PROMETHAZINE HCL 50MG TABLET	90
PROMETHAZINE HCL 6.25MG/5ML SYRUP	540

Diabetes

Drug Name/Strength	\$9 Quantity
GLIMEPIRIDE 1MG TABLET	90
GLIMEPIRIDE 2MG TABLET	90
GLIMEPIRIDE 4MG TABLET	90
GLIPIZIDE 10MG TABLET	180
GLIPIZIDE 5MG TAB OSM 24	90
GLIPIZIDE 5MG TABLET	90
GLYBURIDE 1.25MG TABLET	90
GLYBURIDE 2.5MG TABLET	90
GLYBURIDE 5MG TABLET	90
GLYBURIDE,MICRONIZED 1.5MG TABLET	90
GLYBURIDE,MICRONIZED 3MG TABLET	90
GLYBURIDE,MICRONIZED 6MG TABLET	90
GLYBURIDE/METFORMIN HCL 5MG-500MG TABLET	180
METFORMIN HCL 1000MG TABLET	180
METFORMIN HCL 500MG TAB.SR 24H	180
METFORMIN HCL 500MG TABLET	180
METFORMIN HCL 850MG TABLET	180

Eye health

Drug Name/Strength	\$9 Quantity
ERYTHROMYCIN BASE 5MG/G OINT.(GM)	4
GENTAMICIN SULFATE 0.3% DROPS	15
LEVOBUNOLOL HCL 0.5% DROPS	15
NEO/POLYMYX B SULFATE/ DEXAMETHASONE 3.5-10K-.1 OINT.(GM)	4
POLYMYXIN B SULFATE/TMP 10K U-0.1% DROPS	30
SULFACETAMIDE SODIUM 10% DROPS	15
TIMOLOL MALEATE 0.25% DROPS	15
TIMOLOL MALEATE 0.5% DROPS	15

Heartburn, Ulcer

Drug Name/Strength	\$9 Quantity
FAMOTIDINE 20MG TABLET	90
FAMOTIDINE 40MG TABLET	90
RANITIDINE HCL 150MG TABLET	180
RANITIDINE HCL 300MG TABLET	90

High cholesterol

Drug Name/Strength	\$9 Quantity
LOVASTATIN 10MG TABLET	90
LOVASTATIN 20MG TABLET	90
LOVASTATIN 40MG TABLET	90

Mental Health/Behavioral Health

Drug Name/Strength	\$9 Quantity
LOVASTATIN 10MG TABLET	90
LOVASTATIN 20MG TABLET	90
LOVASTATIN 40MG TABLET 90	180
BUSPIRONE HCL 10MG TABLET	180
BUSPIRONE HCL 15MG TABLET	180
BUSPIRONE HCL 5MG TABLET	180
CITALOPRAM HYDROBROMIDE 10MG TABLET	90
CITALOPRAM HYDROBROMIDE 20MG TABLET	90
CITALOPRAM HYDROBROMIDE 40MG TABLET	90
CLORAZEPATE DIPOTASSIUM 15MG TABLET	90
CLORAZEPATE DIPOTASSIUM 3.75MG TABLET	180
CLORAZEPATE DIPOTASSIUM 7.5MG TABLET	90
DOXEPIN HCL 10MG CAPSULE	90
DOXEPIN HCL 25MG CAPSULE	90
FLUOXETINE HCL 10MG CAPSULE	90
FLUOXETINE HCL 20MG CAPSULE	90
FLUOXETINE HCL 40MG CAPSULE	90
FLUPHENAZINE HCL 10MG TABLET	90
FLUPHENAZINE HCL 1MG TABLET	180
FLUPHENAZINE HCL 2.5MG TABLET	90
HALOPERIDOL 0.5MG TABLET	90
HALOPERIDOL 1MG TABLET	90
HALOPERIDOL 2MG TABLET	90
HALOPERIDOL 5MG TABLET	90
IMIPRAMINE HCL 10MG TABLET	90
IMIPRAMINE HCL 25MG TABLET	90
IMIPRAMINE HCL 50MG TABLET	90
LITHIUM CARBONATE 300MG CAPSULE	270
MIRTAZAPINE 15MG TABLET	90
MIRTAZAPINE 30MG TABLET	90

Mental Health/Behavioral Health (cont.)

Drug Name/Strength	\$9 Quantity
MIRTAZAPINE 45MG TABLET	90
NORTRIPTYLINE HCL 10MG CAPSULE	90
NORTRIPTYLINE HCL 25MG CAPSULE	90
PAROXETINE HCL 10MG TABLET	90
PAROXETINE HCL 20MG TABLET	90
PAROXETINE HCL 30MG TABLET	90
PAROXETINE HCL 40MG TABLET	90
PROCHLORPERAZINE MALEATE 10MG TABLET	90
SERTRALINE HCL 25MG TABLET	90
THIORIDAZINE HCL 25MG TABLET	180
THIORIDAZINE HCL 50MG TABLET	90
TRAZODONE HCL 100MG TABLET	90
TRAZODONE HCL 150MG TABLET	90
TRAZODONE HCL 50MG TABLET	90

Muscle Relaxants

Drug Name/Strength	\$9 Quantity
BACLOFEN 10MG TABLET	180
CYCLOBENZAPRINE HCL 10MG TABLET	90
CYCLOBENZAPRINE HCL 5MG TABLET	90
ORPHENADRINE CITRATE 100MG TABLET SA	90
TIZANIDINE HCL 2MG TABLET	180
TIZANIDINE HCL 4MG TABLET	180

Other GI Drugs

Drug Name/Strength	\$9 Quantity
DICYCLOMINE HCL 10MG CAPSULE	270
DICYCLOMINE HCL 20MG TABLET	180
LACTULOSE 10G/15ML SOLUTION	960
METOCLOPRAMIDE HCL 10MG TABLET	180
METOCLOPRAMIDE HCL 5MG TABLET	180
METOCLOPRAMIDE HCL 5MG/5ML SOLUTION	180

Other Medications

Drug Name/Strength	\$9 Quantity
ALENDRONATE SODIUM 10MG TABLET	90
ALENDRONATE SODIUM 35MG TABLET	12
ALENDRONATE SODIUM 5MG TABLET	90
ALENDRONATE SODIUM 70MG TABLET	12
ALLOPURINOL 100MG TABLET	90
ALLOPURINOL 300MG TABLET	90
CHLORHEXIDINE GLUCONATE 0.12% MOUTHWASH	1419
DEXAMETHASONE 0.5MG TABLET	90
DEXAMETHASONE 0.75MG TABLET	90
DEXAMETHASONE 4MG TABLET	18
MECLIZINE HCL 12.5MG TABLET	180
OXYBUTYNIN CHLORIDE 5MG TABLET	180
PREDNISONE 10MG TABLET	90
PREDNISONE 1MG TABLET	90
PREDNISONE 2.5MG TABLET	90
PREDNISONE 20MG TABLET	90
PREDNISONE 5MG TABLET	90

Parkinson's Disease

Drug Name/Strength	\$9 Quantity
BENZTROPINE MESYLATE 0.5MG TABLET	180
BENZTROPINE MESYLATE 1MG TABLET	90
BENZTROPINE MESYLATE 2MG TABLET	90
TRIHENXYPHENIDYL HCL 2MG TABLET	180

Skin Conditions

Drug Name/Strength	\$9 Quantity
HYDROCORTISONE 1% CREAM(GM)	90
HYDROCORTISONE 2.5% CREAM(GM)	90
LIDOCAINE HCL 20MG/ML SOLUTION	300
SELENIUM SULFIDE 2.5% SHAMPOO	360
SILVER SULFADIAZINE 1% CREAM(GM)	150
TRIAMCINOLONE ACETONIDE 0.025% CREAM(GM)	240
TRIAMCINOLONE ACETONIDE 0.5% CREAM(GM)	45

Thyroid Therapy

Drug Name/Strength	\$9 Quantity
LEVOTHYROXINE SODIUM 100MCG TABLET	90
LEVOTHYROXINE SODIUM 112MCG TABLET	90
LEVOTHYROXINE SODIUM 125MCG TABLET	90
LEVOTHYROXINE SODIUM 137MCG TABLET	90
LEVOTHYROXINE SODIUM 150MCG TABLET	90
LEVOTHYROXINE SODIUM 175MCG TABLET	90
LEVOTHYROXINE SODIUM 200MCG TABLET	90
LEVOTHYROXINE SODIUM 25MCG TABLET	90
LEVOTHYROXINE SODIUM 50MCG TABLET	90
LEVOTHYROXINE SODIUM 75MCG TABLET	90
LEVOTHYROXINE SODIUM 88MCG TABLET	90

Vitamins and Electrolytes

Drug Name/Strength	\$9 Quantity
FOLIC ACID 1MG TABLET	90
POTASSIUM CHLORIDE 10MEQ TAB PRT SR	90

Women's health

Drug Name/Strength	\$9 Quantity
ESTRADIOL 0.5MG TABLET	90
ESTRADIOL 1MG TABLET	90
ESTRADIOL 2MG TABLET	90
LEVONORGESTREL-ETHINYL ESTRADIOL 0.015-0.0203 TABLET	84
MEDROXYPROGESTERONE ACETATE 10MG TABLET	42
MEDROXYPROGESTERONE ACETATE 2.5MG TABLET	90
MEDROXYPROGESTERONE ACETATE 5MG TABLET	90
MEGESTROL ACETATE 20MG TABLET	180
NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 TABLET	84

¹ The \$9 or less price applies to a 90-day supply of each generic drug. Cost may vary based on prescription quantity or day supply. A processing fee may apply. The coverage and prices of certain medications are also subject to the specific terms of your plan. In applicable states, sales tax may be added to the cost of your prescriptions. Medications and pricing are subject to change without notice. Drug list is valid until Dec. 31, 2014. Changes are made available to your Plan Sponsor. To price drugs, log on at Express-Scripts.com and select "Price a Medication" under the "Manage Prescriptions" menu. Prepackaged drugs are only available for \$9 in the package sizes specified on the list.

² Cost of standard shipping is included as part of your prescription benefit plan.



Wellness Workshops



Looking for Support to Reach Your Wellness Goals?

Our interactive, self-paced Wellness Workshops are designed to help you understand and make healthy choices. These workshops are easy to use and they're available on our secure ahealthyme® website. We hope you'll take advantage of them!

3 Easy Steps to Getting Started

How do I sign up for a Wellness Workshop?

1. Once you've logged in at www.ahealthyme.com/login, go to Wellness Workshops in the top navigation bar and select **Sign Up for a Workshop** from the drop-down list.
2. Select the Wellness Workshop title you would like to enroll in under **Add** and then click **Sign Up**.*
3. To begin your workshop, click the workshop title when it appears active.

* If Sign Up is grayed out, it means that you are active in another workshop and you must instead click on **Add to Queue**. The queued workshop will become active after the completion of the active workshop.

What you'll learn

Our Wellness Workshops encourage, inspire, and teach you how to better manage your health. Topics include:

- Breathe Easy—Tobacco Cessation Wellness Workshop
- Fight the Flu—Wellness Workshop
- Finding the Right Balance—Weight Management Wellness Workshop
- Fit for Life—Physical Activity Wellness Workshop
- Smart Choices—Healthy Eating Wellness Workshop
- Take a Break—Stress Management Wellness Workshop
- Mindful Living—Mind and Body Connection Workshop
- Rest and Recharge—Sleep Wellness Workshop

How it works

Every week, articles, videos, and other tools will be assigned to help you create and follow a plan to get healthier. You can complete all of the tasks at once, or over the course of several days—whichever works best with your schedule. Reminder emails will help to keep you on track toward meeting your goals.

Tracking progress

You can view your workshop to-do list on the ahealthyme homepage. Once a task is completed, it appears under **Completed** at the bottom of the to-do list.

Take a step toward better health—sign up for a Wellness Workshop!



MASSACHUSETTS



ahealthyme[®]

Everything to live a healthier life

If you want to know more about your health and how to make it better, ahealthyme is a great place to start. With just a few clicks, we'll show you just what you need to live a healthier life. From a health assessment to wellness workshops and interactive tools, ahealthyme is your personal online resource.

With ahealthyme, managing your health can be as easy as 1, 2, 3:

1. Start with your health assessment

Taking your health assessment is easy and rewarding. Simply answer questions about eight areas of your health. When done, we'll give you a detailed look at your health today and recommend tools and programs that will help improve it based on your answers.

2. Take a wellness workshop

Our self-paced wellness workshops are a fun way to be smart about your health. You'll gain insight on health topics that relate to you and get closer to your wellness goal.

Learn about:

- Healthy eating
- Quitting smoking
- Stress management
- Physical fitness
- Much more

3. Stay motivated and stick to your goals

Maintaining good eating and exercise habits can help keep you on track. With ahealthyme, you can record and track your activities on any computer or smartphone and see how you're doing in real time.

Get Started Now

Go to www.ahealthyme.com/login and sign up to begin your journey to healthier living.



Fitness Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually in qualified health club membership fees or for fitness classes taken at a qualified health club.

3 Easy Steps to Getting Reimbursed²

1. 
Choose
Start by picking a qualified health club.

2. 
Complete
Once you pay for the program, fill out the attached form.

3. 
Mail
Send the completed form to the address listed at the bottom.

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement.
Proof of payment includes the following:
 - Itemized, dated, paid receipts from your health club
 - Bank or credit card statements
 - Paycheck stubs if your club fees are automatically deducted from that account
- Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full reimbursement of health club fees or fitness classes.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

A qualified health club is:

A full-service health club with a variety of exercise equipment, including:

- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

To receive the fitness reimbursement for a qualified pay-as-you-go health club, get paid receipts from the club for your records.

What doesn't qualify?

You can't receive the fitness reimbursement for expenses for personal training, lessons, coaching, equipment, clothing, or any of the clubs below:

- Martial arts or yoga centers
- Gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

Be sure to talk with your doctor before starting an exercise program.

1. Most plans offer a \$150 Fitness Reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.

2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Fitness Reimbursement Form³

To verify this reimbursement is within your plan, log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters) Subscriber's Last Name First Name Middle Initial

Address—Number and Street City State Zip Code

Employer's Name

Member and Claim Information

Member's Last Name First Name Middle Initial Date of Birth: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's) City State Zip Code

Gender	Claim is for (check one):		
<input type="checkbox"/> Male	<input type="checkbox"/> Subscriber (policyholder)	<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse (of policyholder)	<input type="checkbox"/> Dependent (up to age 26)	

Name, Address, and Phone Number of Qualified Health Club

I am due \$_____ for the following reimbursement (check one):

☐ Membership at a qualified health club. My monthly fee is \$_____.

☐ Fitness classes at a qualified health club.
My fee per class is \$_____.

Health Plan Year

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at www.bluecrossma.com/membercentral or call Member Service at the number on the front of your ID card.

Please complete and mail this form to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

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147578M 55-0773 (4/15)



MASSACHUSETTS

Weight Loss Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually in qualified Weight Watchers® and hospital-based weight-loss programs.

3 Easy Steps to Getting Reimbursed²



1. Choose
Start by picking a qualified weight-loss program.



2. Complete
Once you pay for the program, fill out the attached form.



3. Mail
Send the completed form and proof of payment to the address listed at the bottom.

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement. Proof of payment includes the following:
 - Paid receipts from qualified program
 - Weight Watchers Membership Book
- Receipts, statement, or Weight Watchers Membership Book should include the name of the family member enrolled in the program, the amount paid per session(s), and the date(s) paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

Be sure to check with your doctor before starting any weight-loss program.

A qualified weight-loss program is:

- Weight Watchers meetings
- Weight Watchers At Work
- A hospital-based weight-loss program

What doesn't qualify?

- Weight Watchers Online
- Weight Watchers At Home
- Fees paid for individual nutrition-counseling sessions, food, books, videos, or scales

1. Most plans offer a \$150 reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.
2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Weight-Loss Reimbursement Form³

To verify this reimbursement is within your plan, log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form when you have paid receipts from a qualified weight-loss program, once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters) Subscriber's Last Name First Name Middle Initial

Address—Number and Street City State Zip Code

Employer's Name

Member and Claim Information

Member's Last Name First Name Middle Initial Date of Birth: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's) City State Zip Code

Gender	Claim is for (check one):		
<input type="checkbox"/> Male	<input type="checkbox"/> Subscriber (policyholder)	<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse (of policyholder)	<input type="checkbox"/> Dependent (up to age 26)	

Class or Program Information Required:

Attach 8.5" x 11" photocopies of paid receipts from your qualified weight-loss program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name or logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program Membership Book showing this information is required.

Name and Address of Class or Program

Health Plan Year

Total Amount Submitted: \$ _____

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts about my weight-loss program. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at www.bluecrossma.com/membercentral or call Member Service at the number on the front of your ID card.

Please complete and mail this form (including copies of paid receipts) to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.





MASSACHUSETTS

Blue Care lineSM

We're here for you 24/7

Call **1-888-247-BLUE (2583)**
for the Blue Care Line.



We're here for you 24/7

Have a question about your health? You can talk to a professionally trained, registered nurse 24 hours a day, seven days a week. They're ready when you are—even at 4 a.m.

Know your options

Calling the Blue Care Line is a quick way to find out if you need to see a doctor, go to an emergency room, or if you're able to treat it yourself at home.

We'll call you

Depending on your type of illness or injury, the registered nurse will call and follow up to see how you're responding to the self-treatment.

Confidentiality

Your information is kept in accordance with our policy on confidentiality.

Hospital Choice

Cost Sharing

Your medical plan gives you an opportunity to control your share of medical costs for hospital care. That's because what you pay depends on the hospital or related facility you choose.

- Lower Cost Share (\$) applies to hospitals and related facilities that have met our quality benchmarks and are lower cost. You pay less when you get care at these hospitals.
- Higher Cost Share (\$\$) applies to hospitals and related facilities that are higher cost. You pay more when you get care at these hospitals.

These costs apply to inpatient care, outpatient day surgery, outpatient high-tech radiology, outpatient diagnostic lab tests, outpatient diagnostic X-rays and other imaging tests, and outpatient short-term rehabilitation therapy.

This sheet can help you get the highest value from your plan. Just follow the simple steps below to assess your hospitals and your options. Your health benefits will tell you what your specific share of the costs is. If you are unsure, you can call the number on the front of your member ID card.

Step 1: Make a List of the Hospitals Where You Receive Care.

List all of the hospitals and clinics where you and your family go for care in the table below. Be sure to check which hospitals your doctors refer to when you make your list.

Hospital or Clinic Name	Member Cost Share		Willing to Switch?	
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Step 2: Find Out What You Would Pay at the Hospitals Where You Receive Care.

Finding out whether your hospitals have a Lower or Higher Cost Share is easy:

- Visit the Hospital Choice Cost Sharing website at www.bluecrossma.com/hospitalchoice.
- Review the hospital list included with this document to check your hospitals.
- Make one simple phone call to 1-888-636-4808. Our specially trained Member Service associates are ready to help you review your current hospitals.

Step 3: Choose Hospitals with a Lower Cost Share.

If you go to Higher Cost Share hospitals, you may want to consider switching to Lower Cost Share hospitals. This will allow you to pay less every time you get care.

Our specially trained associates can help you quickly and easily pick hospitals with Lower Cost Sharing near where you live or work. Just call Member Service at 1-888-636-4808. You can also use our hospital search at the Hospital Choice Cost Sharing website at www.bluecrossma.com/hospitalchoice.

If you have any questions about your benefits, call Member Service at the number on the front of your ID card.

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of cost share* (such as copayments and/or co-insurance) for certain services depending on the network* general hospital you choose to furnish those covered services. For most network* general hospitals, you will pay the lowest cost sharing level*. However, if you receive certain covered services from some network* general hospitals, you pay the highest cost sharing level*. A network* general hospital's cost sharing level may change from time to time. Overall changes to add another network* general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network* general hospital for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.

Hospital Name	City	State	Member Cost Share (as of 1/1/16)
Addison Gilbert Hospital	Gloucester	MA	Lower
Anna Jaques Hospital	Newburyport	MA	Lower
Athol Memorial Hospital	Athol	MA	Lower
Baystate Franklin Medical Center	Greenfield	MA	Lower
Baystate Mary Lane Hospital	Ware	MA	Lower
Baystate Medical Center	Springfield	MA	Higher
Berkshire Medical Center	Pittsfield	MA	Lower
Beth Israel Deaconess Hospital—Milton	Milton	MA	Lower
Beth Israel Deaconess Hospital—Needham Campus	Needham	MA	Lower
Beth Israel Deaconess Hospital—Plymouth	Plymouth	MA	Lower
Beth Israel Deaconess Medical Center	Boston	MA	Lower
Beverly Hospital	Beverly	MA	Lower
Boston Children's Hospital	Boston	MA	Higher
Boston Children's at Lexington	Lexington	MA	Lower
Boston Children's at Peabody	Peabody	MA	Lower
Boston Children's at Waltham	Waltham	MA	Lower
Boston Medical Center	Boston	MA	Lower
Brigham and Women's Hospital	Boston	MA	Higher
Brigham and Women's/Mass General Health Care Center at Patriot Place	Foxborough	MA	Lower
Cambridge Health Alliance—Cambridge Campus	Cambridge	MA	Lower
Cambridge Health Alliance—Somerville Campus	Somerville	MA	Lower
Cambridge Health Alliance—Whidden Campus	Everett	MA	Lower
Cape Cod Hospital	Hyannis	MA	Higher
Carney Hospital	Dorchester	MA	Lower
Clinton Hospital	Clinton	MA	Lower
Cooley Dickinson Hospital	Northampton	MA	Lower
Dana-Farber Cancer Institute	Boston	MA	Higher
Emerson Hospital	Concord	MA	Lower
Fairview Hospital	Great Barrington	MA	Higher
Falmouth Hospital	Falmouth	MA	Lower
Faulkner Hospital	Jamaica Plain	MA	Lower
Good Samaritan Medical Center	Brockton	MA	Lower
Harrington Memorial Hospital	Southbridge	MA	Lower
HealthAlliance Hospitals—Burbank Campus	Fitchburg	MA	Lower

Hospital Name	City	State	Member Cost Share (as of 1/1/16)
HealthAlliance Hospitals—Leominster Campus	Leominster	MA	Lower
Heywood Hospital	Gardner	MA	Lower
Holy Family Hospital	Methuen	MA	Lower
Holyoke Medical Center	Holyoke	MA	Lower
Lahey Clinic	Burlington	MA	Lower
Lawrence General Hospital	Lawrence	MA	Lower
Lawrence Memorial Hospital	Medford	MA	Lower
Lowell General Hospital (includes the campus formerly known as Saints Medical Center)	Lowell	MA	Lower
Marlborough Hospital	Marlborough	MA	Lower
Martha's Vineyard Hospital	Oak Bluffs	MA	Lower
Massachusetts Eye and Ear [®] Infirmary	Boston	MA	Lower
Massachusetts General Hospital	Boston	MA	Higher
Mass General/North Shore Center for Outpatient Care	Danvers	MA	Lower
Melrose-Wakefield Hospital	Melrose	MA	Lower
Mercy Medical Center	Springfield	MA	Lower
Merrimack Valley Hospital	Haverhill	MA	Lower
MetroWest Medical Center—Framingham Union	Framingham	MA	Lower
MetroWest Medical Center—Leonard Morse	Natick	MA	Lower
Milford Regional Medical Center	Milford	MA	Lower
Morton Hospital and Medical Center	Taunton	MA	Lower
Mount Auburn Hospital	Cambridge	MA	Lower
Nantucket Cottage Hospital	Nantucket	MA	Lower
Nashoba Valley Medical Center	Ayer	MA	Lower
New England Baptist [®] Hospital	Boston	MA	Lower
Newton-Wellesley Hospital	Newton	MA	Lower
Noble Hospital	Westfield	MA	Lower
North Shore Medical Center—Salem Campus	Salem	MA	Lower
North Shore Medical Center—Union Campus	Lynn	MA	Lower
Norwood Hospital	Norwood	MA	Lower
Saint Vincent Hospital	Worcester	MA	Lower
Shriners Hospitals for Children—Boston	Boston	MA	Lower
Shriners Hospitals for Children—Springfield	Springfield	MA	Lower
Signature Healthcare Brockton Hospital	Brockton	MA	Lower

Hospital Name	City	State	Member Cost Share (as of 1/1/16)
South Shore Hospital	South Weymouth	MA	Lower
Southcoast Hospitals Group—Charlton Memorial Hospital	Fall River	MA	Lower
Southcoast Hospitals Group—St. Luke's Hospital	New Bedford	MA	Lower
Southcoast Hospitals Group—Tobey Hospital	Wareham	MA	Lower
Southwestern Vermont Medical Center	Bennington	VT	Lower
St. Anne's Hospital	Fall River	MA	Lower
St. Elizabeth's Medical Center	Brighton	MA	Lower
Sturdy Memorial Hospital	Attleboro	MA	Higher
The Vernon Cancer Center at Newton-Wellesley	Newton	MA	Lower
Tufts Medical Center	Boston	MA	Lower
UMass Memorial Medical Center—Memorial Campus	Worcester	MA	Higher
UMass Memorial Medical Center—University Campus	Worcester	MA	Higher
Winchester Hospital	Winchester	MA	Lower
Wing Memorial Hospital	Palmer	MA	Lower



MASSACHUSETTS

You have options

Quicker, Less Expensive Alternatives to the ER

You should always go to the nearest emergency room in a life-threatening situation. But in other cases, even for urgent injuries, you have other options that can save you time and money.

First, Talk to Your Primary Care Provider

Unless it's a true emergency, it's always best to call your doctor's office first, even if it's after hours. They may want to see you or suggest alternatives to the emergency room. If the doctor's office is closed, there may be recorded after-hours care instructions or the option to speak with an on-call nurse or doctor who can provide unique advice based upon your medical history and assistance in following up with your doctor. After you call your doctor, in the absence of severe symptoms, consider the options below:

Option	What It Is	What They Can Help You With	Hours	Relative Cost	How to Find One
Blue Care LineSM	Speak with a nurse by phone. Explain your symptoms, and the nurse will help you decide what to do next.	Assessment for the treatment of: <ul style="list-style-type: none"> • Fever • Dizziness • Cuts • General discomfort 	24/7	No cost	Call the Blue Care Line at 1-888-247-BLUE (2583)
Limited Services Clinics¹	Clinics located within your local pharmacy that treat simple medical concerns	<ul style="list-style-type: none"> • Flu-like symptoms • Earaches • Pinkeye • Sore throat 	Days, evenings, weekends	\$\$	In Massachusetts: Go to https://findadoctor.bluecrossma.com/ <ul style="list-style-type: none"> • Select Medical Facility • Click on the Specialty tab • Select Clinics, Limited Services or Urgent Care Center Outside Massachusetts: Visit https://findadoctor.bluecrossma.com/ <ul style="list-style-type: none"> • Follow steps above • Enter location
Urgent Care Centers²	Local clinics that treat conditions that aren't life-threatening but should be treated right away	Symptoms treated at limited services clinics, plus: <ul style="list-style-type: none"> • Sprains • Minor burns or injuries • Short-term (acute) illness • Broken bones 	Days, evenings, weekends	\$\$\$	
Emergency Room	Full hospital service for severe symptoms that could seriously jeopardize your health or the health of another (including an unborn child)	<ul style="list-style-type: none"> • Possible heart attack • Stroke • Poisoning • Loss of consciousness 	24/7	\$\$\$\$\$\$	Call 911 or go to your nearest hospital

Notes About Limited Services Clinics and Urgent Care Centers:

- If your doctor's office does not offer urgent care as part of their practice, make sure to check Find a Doctor regularly, as new limited services clinics and urgent care centers are always being added. If you're logged in to Member Central, your network will display automatically. If you're using our public Find a Doctor site, be sure to verify the name of your plan, found on your Blue Cross ID card, and click the Which Network Should I Choose? link for additional help.
- Verify that your health plan covers care at the location you choose.
- If you're outside of Massachusetts, call Member Service at the number on the front of your Blue Cross ID card to confirm if the clinic is in our network or if you need a referral.

1. Example: CVS Minute Clinic[®]

2. Examples: CareWell[®] Urgent Care, Doctors Express[®], and Health Express

CareWell Urgent Care is an urgent care center accredited by the Urgent Care Association of America

Welcome to Your

New Summary of Health Plan Payments

Formerly Explanation of Benefits or Claims Summary

Below is a sample of the new Summary of Health Plan Payments. Using feedback from members like you, we created a simpler and easier-to-understand statement that shows how we process your claims and if you owe any balances.

This is not a bill. Your doctor or hospital will bill you for any outstanding balances. If you have any questions, please call Member Service at the number on the front of your ID card. You can also view your claims information online at www.bluecrossma.com/membercentral.

SAMPLE

Read the descriptions below for details about each section .

A Your individual deductible (if you have one) is the amount you pay toward certain covered medical services each year before we start to pay. Your family deductible (if you have one) is the amount you pay before we start paying expenses for the other members on your plan and includes the amount you've paid toward your individual deductible.

Note: You do not have to pay toward your deductible for certain services, for example, preventive care.

B This section shows how the adjusted amount charged was calculated.

C This shows how we processed your claim, so you can see the amount your health care provider(s) charged, the amount we covered, and the amount that's your responsibility.

D You'll find the meaning of any unfamiliar terms here.

E Your most current claim information can be found on Member Central at www.bluecrossma.com/membercentral.

SUMMARY OF HEALTH PLAN PAYMENTS FOR JOHN DOE

What is this?
This summary shows the amount covered by Blue Cross for the claim(s) below, and the amount that is your financial responsibility. This is not a bill, your health care provider(s) will bill you directly for the amount not covered.

Summary Date: 11/14/12

Member Information
Service for: John Doe
Member ID number: MTN123456789
Group name: GROUPNAME12345

Individual deductible: \$1,000
Family deductible: \$2,000

PAYMENT OVERVIEW

Adjusted amount charged
The amount charged by your health care provider(s) based on Blue Cross' contract rates. **\$4,940.00**

Amount covered
Benefits provided by Blue Cross for your medical services. **-\$3,590.00**

Your financial responsibility	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$350.00
	\$1,350.00

Adjusted amount charged

Amount your provider charged	Blue Cross discount	Adjusted amount
\$6,280.35	-\$1,340.35	\$4,940.00

Glossary
Blue Cross discount
Your savings from the discounted rate Blue Cross negotiated with your health care provider.
Copayments
A fixed dollar amount, typically collected at your medical appointment, at a doctor's office or other medical facility.
Deductible
The amount you pay for specific services each plan year before Blue Cross starts paying.
Co-insurance
The amount you pay for specific health care services, calculated as a percent.
Out-of-pocket maximum
The most you'll pay each plan year for health care services, typically this includes copayments, co-insurance, and deductible amounts.
Health care provider
A doctor, hospital, health care professional, or health care facility.

View up-to-date information about your health plan.
Go to bluecrossma.com/membercentral.

Keep for your records (For a detailed breakdown of your payments, please see next page)

Page 2 of 4

FRONT

HEALTH PLAN PAYMENT BREAKDOWN

G

H

		Amount charged			Other insurance	Amount covered	Your financial responsibility	Your financial responsibility calculation					See notes
Service date	Service type	Amount your provider charged	Blue Cross discount	Adjusted amount				Copayments	Deductible	Co-insurance	Not covered (see notes)	Total cost	
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111													
10/12/12	Routine Services	\$400.00	~\$180.00	\$220.00	\$0.00	~\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
10/12/12	X-Ray	\$180.35	~\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00	
10/12/12	Lab	\$350.00	~\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	
10/12/12	Room & board	\$5,000.00	~\$980.00	\$4,020.00	\$0.00	~\$3,370.00	\$650.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00	
Subtotal		\$5,930.35	~\$1,340.35	\$4,590.00	\$0.00	~\$3,590.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	
Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 22222222222222													
11/01/12	Lab	\$350.00	\$0.00	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00 A	
Subtotal		\$350.00	\$0.00	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00	
Grand total		\$6,280.35	~\$1,340.35	\$4,940.00	\$0.00	~\$3,590.00	\$1,350.00	\$0.00	\$1,000.00	\$0.00	\$350.00	\$1,350.00	

To see the amount you've paid toward your deductible and out-of-pocket maximum, log in to Member Central at www.bluecrossma.com/membercentral.

HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at bluecrossma.com/membercentral

For TTY, call 1-800-522-1254

This doctor or medical facility will bill you this amount.

BACK

F This section shows recently submitted claim information for your medical services, including dates of services, health care providers, charges, and payment details.

G The amount of each claim that's your responsibility.

H Shows how we calculated your financial responsibility per service. The amount depends on whether the service is covered by your plan, if you have met your deductible, and if you have a copayment or co-insurance.

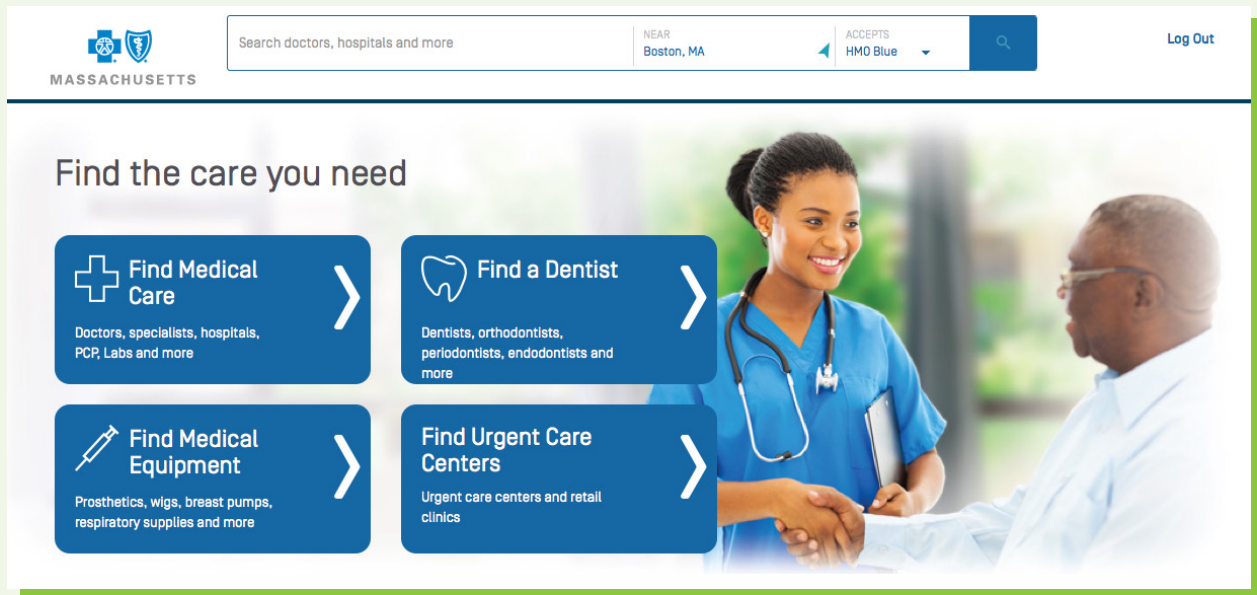
I You may find additional information on how we processed your claim(s) here.

J This is the amount you owe toward this claim after we've covered our share. Your health care provider may bill you for this amount. If you have an additional health insurance plan that covers these services, this doesn't apply to you.

Find the Care You Need with One Simple Tool!

DOCTORS | DENTISTS | HOSPITALS | OTHER HEALTH CARE PROVIDERS

The Information You Want Practically Finds Itself. With clear menus and enhanced search options, Find a Doctor makes it easy to find what you need.



Log in for Best Results

When you log in to your Member Central account, your network will display automatically. And, when applicable, you can also get access to cost estimation features.

Don't have an account? Create one at bluecrossma.com/findadoctor.

1 How to Search for Doctors and Hospitals

The screenshot shows the Blue Cross of Massachusetts website with a search bar containing 'internal medicine'. A dropdown menu is open, displaying a list of search results under the 'SPECIALTIES' and 'FACILITIES' tabs. The 'SPECIALTIES' tab is selected, showing a list of internal medicine-related specialties. The 'FACILITIES' tab is also visible, showing a list of facilities. The search bar also includes a location dropdown set to 'NEAR Boston, MA' and a filter for 'ACCEPTS HMO Blue'.

SPECIALTIES	FACILITIES
Internal Medicine - Physician - Professional	Search for: internal medicine
Internal Medicine - Nurse Practitioner - Professional	Brookline Associates in Internal Medicine
Internal Medicine - Physician Assistant - Professional	Internal Medicine Associates PC
	South Shore Internal Medicine Associates
	Internal Medicine Health Associates PC
	Internal Medicine and Preventative Care
	Greater Boston Internal Medicine PC
	Internal Medicine Physicians of the North Shore LLC
	Associates in Internal Medicine
	Bedford Lexington Internal Medicine

Type the doctor's name or specialty. You can also use keywords like heart, knee, or eye. A drop-down menu will provide you with results to choose from, and the results will auto-populate based on your current location.

Change your location here. You even have the option to search nationwide!

Once you make a selection from the drop-down menu, the search auto-initiates based on your current location.

The screenshot shows the Blue Cross of Massachusetts website with a search bar containing 'Search doctors, hospitals and more'. The location dropdown is set to 'NEAR Boston, MA' and the filter is 'ACCEPTS HMO Blue'. Below the search bar, there are four guided search options: 'Find Medical Care', 'Find a Dentist', 'Find Medical Equipment', and 'Find Urgent Care Centers'. Each option has a description of the services available. A photo of a smiling healthcare professional is visible on the right side of the page.

Find Medical Care	Find a Dentist
Doctors, specialists, hospitals, PCP, Labs and more	Dentists, orthodontists, periodontists, endodontists and more

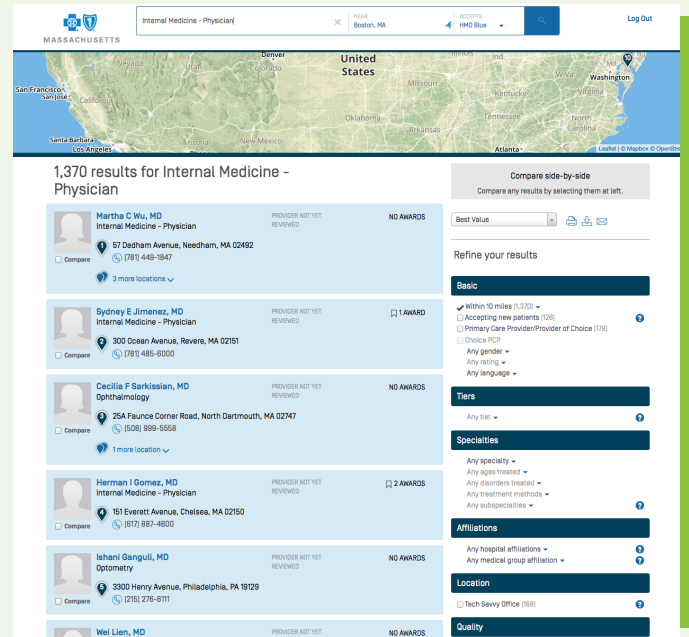
Find Medical Equipment	Find Urgent Care Centers
Prosthetics, wigs, breast pumps, respiratory supplies and more	Urgent care centers and retail clinics

Find what you need by clicking one of our easy-to-follow guided searches.

2 Using the Results Page

Your results page will list all nearby providers, their contact information, ratings, and more.

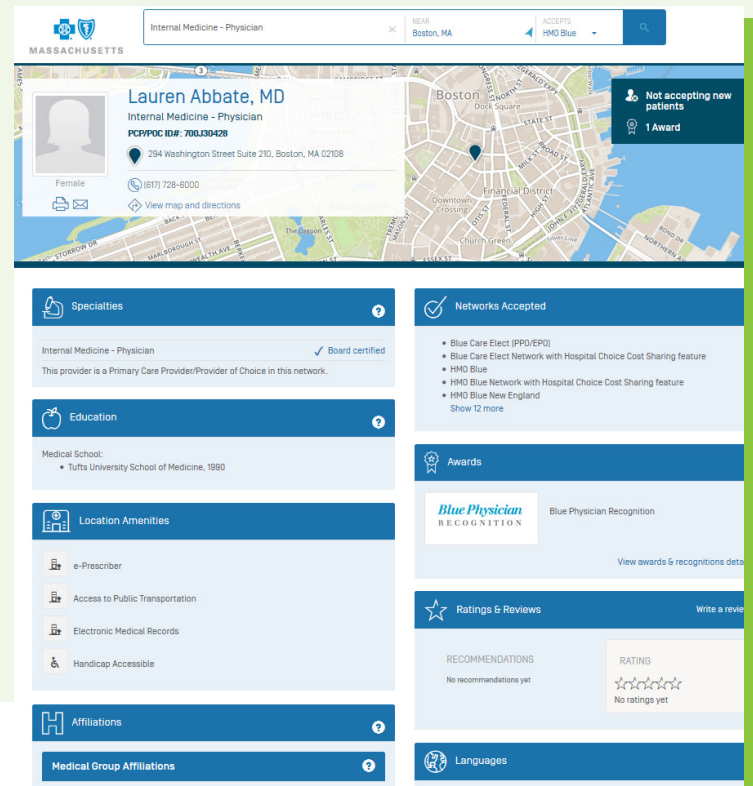
- Narrow your results by specialty, gender, quality, languages, and more.
- Compare up to ten doctors.
- Click a provider's name for more information, including patient reviews of doctors, directions, and quality ratings.
- You also have the ability to create a PDF and email the results.
- And more!



3 Provider's Detail Page What to Look For

- Specialties
- Directions
- Read and write reviews
- Languages
- Awards*
- And more!

* Awards and recognitions are given to doctors and hospitals that demonstrate a high level of performance in providing care.



Get Quality of Care Ratings

Quality and cost of health care vary by doctor and hospital. Selecting the right care is an important decision. We offer objective and reliable information based on patient experiences and measurable clinical data.

Doctors:

- Learn from patients' experiences, such as how well the doctor communicates, ease of getting an appointment, and how well the doctor knows their patients.
- See how well doctors do in providing preventive care, such as cancer screening and immunizations, as well as chronic disease management such as diabetes care.
- Find doctors in the [Physician Recognition Program](#), which recognizes doctors who agree to accept accountability for providing high-quality, high-value, patient-centered health care.

Hospitals:

- Learn from patient feedback, such as how well doctors and nurses at the hospital communicated, how well the hospital helped patients prepare for managing at home, and who would recommend the hospital to family and friends.
- See which hospitals are designated [Blue Distinction Centers](#)—hospitals that have received recognition for delivering high quality specialty care, including bariatric surgery, spine surgery, knee and hip replacement, maternity care, cardiac care, and transplants.

Hospital Choice

Cost Sharing

Value, Choice, and Easy-to-Understand Benefits

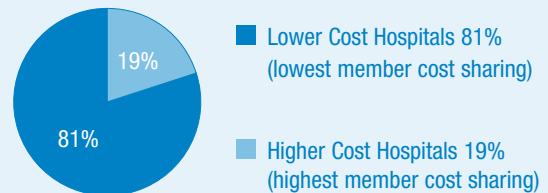
Health plans with Hospital Choice Cost Sharing benefits bring together powerful financial incentives for members and an easy-to-understand plan to deliver value for both employers and employees.

Members are empowered to control their own out-of-pocket costs based on the hospital they choose for care. When they choose hospitals that have met our quality benchmarks and are lower cost, they will pay less. This approach provided incentives for members to make more educated and cost-effective provider choices.

Hospital Choice Cost Sharing advantages:

- Lower premiums than plan designs with traditional single-level hospital benefits
- Ability for members to control their out-of-pocket costs through hospital choice
- A simple benefit design that employees can easily understand and use
- Comprehensive support by phone and online for members and employers

Breakdown of Hospitals



How It Works

Acute care hospitals in Massachusetts are grouped into two different cost sharing levels. When members get hospital services, the amount they pay out-of-pocket for hospital services is based on that hospital's cost sharing level.

- **Lower Cost Share Hospitals (\$)**—applies to hospitals that have met our quality benchmarks and are lower cost. Members pay less when they get care at these hospitals.
- **Higher Cost Share Hospitals (\$\$)**—Applies to hospitals that are higher cost. Member pay more when they get care at these hospitals.

The additional out-of-pocket costs for higher cost share hospitals apply to the following six benefit services and will be added to other cost sharing, such as deductible or copayments with the total cost varying based on the specifics of a plan design. For most plans,* the additional costs are:

- **Inpatient admissions**—\$1,000 copayment per admission
- **Outpatient day surgery**—\$1,000 copayment per admission
- **Outpatient diagnostic high-tech radiology** (CT Scans, MRI, PET scans, and nuclear cardiac imaging tests)—\$450 copayment category per service date
- **Outpatient diagnostic X-rays, and other imaging tests**—\$100 copayment per service date
- **Outpatient diagnostic lab tests**—\$35 copayment per service date
- **Outpatient short-term rehabilitation therapy**—\$35 copayment per visit

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of cost share* (such as copayments and/or co-insurance) for certain services depending on the network* general hospital you choose to furnish those covered services. For most network* general hospitals, you will pay the lowest cost sharing level*. However, if you receive certain covered services from some network* general hospitals, you pay the highest cost sharing level*. A network* general hospital's cost sharing level may change from time to time. Overall changes to add another network* general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network* general hospital for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at www.bluecrossma.com/hospitalchoice. Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.* For the PPO plan designs, the different levels of cost sharing apply to in-network benefit levels at preferred general hospitals.

For Groups with 50 or Fewer Employees

The Hospital Choice Cost Sharing benefit structure is included as a core benefit in many of our standard plans for groups with 50 or fewer employees. You will know if your plan includes the hospital choice feature if you see “HCCS” in the plan name. The savings will be reflected in the premiums for these plans.

Groups with More Than 50 Employees

Employers with more than 50 employees are able reduce premiums by offering the Hospital Choice Cost Sharing feature as an optional rider.

Support and Education

To help members understand this benefit structure and use it effectively, we offer comprehensive support and education:

- **By Phone**—Specially trained Member Service associates help members quickly and easily select providers that meet their needs.
- **Online**—The Find a Doctor tool, located at www.bluecrossma.com/findadoctor, gives members 24/7 access to up-to-date provider selection support and the ability to find a lower cost share hospital or provider, so they can make important decisions when it matters most to them.
- **Member Education Site**—This online destination, found at www.bluecrossma.com/hospitalchoice, educates members on their plan, including how Hospital Choice Cost Sharing works and how to make the most of it. In addition, it provides a link to our full suite of tools and resources to help engage and support members in maximizing the value of their plan and managing their out-of-pocket costs.

For More Information

To obtain more information on Hospital Choice Cost Sharing, contact your account executive or broker.

* Some plans require an additional 10 to 15 percent coinsurance for these services based on the plan design.

Home is where

Telehealth is...

In fact, Telehealth is wherever
you need to be.



When registering on the American Well site for the first time, members will be asked for a service key. Your service key is: BCBSMA

Your health care plan includes a convenient new benefit: Telehealth online video visits.

Quick access to see a doctor

We're happy to introduce a new option for getting medical care for you and your family. Using your smartphone, computer, or tablet, you can access Telehealth services to speak with a doctor or therapist anytime you need care including after business hours and on weekends.

Telehealth covers both medical and behavioral health care for conditions that can be treated through video visits. With Telehealth, you can see a doctor or therapist anywhere you have online access, including your home, workplace, or wherever else you may be.

Two easy ways to receive Telehealth care



1. Check with your local doctor or use our Find a Doctor tool on Member Central to identify doctors in the network who offer Telehealth services.



2. Visit **bluecrossma.com/telehealth** to connect to our national network of online doctors and therapists who offer Telehealth services powered by American Well, an independent company.

Since a video visit typically takes about 10 minutes,
you'll have more time to spend doing the things that matter most to you!

Visit **www.bluecrossma.com/telehealth**
to learn more about Telehealth.



Telehealth is:

Convenient

Secure

Easy to use

How to begin a Telehealth video visit

Local network doctors who offer Telehealth services will have their own way to begin a video visit. Usually, this is as simple as going to the doctor's website or using an app on your mobile device. To get started, ask your local doctor how to access his or her Telehealth service.

To access our national Telehealth service provided by American Well, **visit [bluecrossma.com/telehealth](https://www.bluecrossma.com/telehealth)** using your smart phone, computer, or any mobile device.

What to expect from your Telehealth visit



Your doctor can review your medical and behavioral health history, answer questions, and diagnose, treat, and prescribe medication.

Telehealth medical appointments usually take about 10 minutes, while behavioral health appointments can be 30 minutes.

The benefits of Telehealth include:

- Coverage for brief medical and behavioral health video visits (Please refer to your plan's Summary of Benefits for specific coverage details.)
- Real-time interactive access to talk with a doctor or therapist through our local or national provider networks
- On-demand medical professional consultations, available 24/7/365, and convenient scheduling of behavioral health visits
- Quality health care experience—featuring the expansive provider network, exemplary customer service, and dedication to excellence that Blue Cross is known for
- Eliminate exposure to others' illnesses in waiting rooms
- More time to spend with family or friends
- Avoid costly emergency room visits for simple conditions
- Web and mobile visits supported

Telehealth delivers quality health care, at your convenience, at any time.

Covered Services	When to Use	Examples of Treatable Conditions	
 Medical Convenience Care	<p>Patients see a doctor online for a range of issues, including minor illnesses and injuries, symptoms from chronic conditions, and even general health and wellness concerns.</p> <p>Often reasons include:</p> <ul style="list-style-type: none"> + Time savings + Alternative to ER + Doctor's office is closed + Follow up with existing doctor 	<ul style="list-style-type: none"> + Bronchitis + Cough + Sinus infection + Sore throat 	<ul style="list-style-type: none"> + Urinary tract infection + Fever + Pinkeye + Cold and flu
 Behavioral Health	<p>Telehealth provides reliable and convenient therapy visits with trained and certified professionals. Patients see therapists online for a variety of reasons.</p> <p>Often reasons include:</p> <ul style="list-style-type: none"> + Not wanting to be seen waiting outside a therapist's office + Experiencing depression or anxiety due to grief, divorce, parenthood, or other major life changes 	<ul style="list-style-type: none"> + Depression + Anxiety + Stress management + Sleep difficulties + Relationship challenges 	<ul style="list-style-type: none"> + Child behavior difficulties + Coping with chronic health problems + Smoking cessation

Visit www.bluecrossma.com/telehealth
to learn more about Telehealth care.

Member Identity Protection Services

The identity protection of our members' private information is our top priority. To provide you with optimal protection, we offer you identity protection services through Experian®, an industry leader in providing credit monitoring and identity theft protection services. This service is being provided to you, free of charge, for as long as you are a Blue Cross member.

Experian Identity Protection Services Include:

- Credit monitoring—an ongoing review of activity that may affect credit
- Fraud detection—the identification of potentially fraudulent use of your identity or credit
- Credit and identity repair—assistance in resolving issues of fraud that negatively impact your credit or identity

Your Options and How to Enroll

As a Blue Cross member, you and your family can enroll in two of Experian's identity protection products:

Experian product	What does it provide?	Who is it for?	How to enroll
ProtectMyID®	<ul style="list-style-type: none"> • Daily credit monitoring services • Alerts • Credit report checks in Experian's consumer credit database • Identity theft insurance • U.S.-based fraud resolution team support 	You and dependents over 18	Visit the Experian ProtectMyID website at www.protectmyid.com/bcbsma and follow the enrollment steps for each person you wish to sign up. You will need engagement code: PC97753.
FamilySecure™	<ul style="list-style-type: none"> • Monthly credit monitoring • Credit file misuse alerts • Comprehensive fraud resolution support 	Dependents under 18	Visit the Experian FamilySecure website at www.familysecure.com/bcbsma and follow the enrollment steps for each dependent you wish to sign up. You will need engagement code: PC97754.

Note: To complete the enrollment process, you'll need your Blue Cross member ID card and the social security number for each individual you want to sign up.

Members in the following plans are not eligible for this service:

- FEP
- Medicare Advantage and BlueMedicare RX (PDP)

Questions for Experian?

If you have question about the Experian products or the enrollment process, please contact Experian directly. Depending on your selected product, visit the ProtectMyID website at **www.protectmyid.com/bcbsma** or the FamilySecure website at **www.familysecure.com/bcbsma**. Or, you can call Experian at **1-866-926-9803**.



BlueCross®
BlueShield®

BlueCard®

Worldwide Access to High-Quality Health Care



Your health is important no matter where you are in the world. That's why Blue Cross Blue Shield created BlueCard and BlueCard Worldwide. When you travel or live outside your plan's service area, these programs ensure that you continue to have access to the best care on the planet.

Call **1-800-810-BLUE (2583)** for a list of participating international providers and hospitals or to obtain an international claim form.



Peace of Mind in Your Pocket

Tear out this page and put it in your travel kit. This way, you'll be prepared to get care when you need it.

TEAR HERE

Urgent Care

1. Call **1-800-810-BLUE (2583)** for a list of BlueCard, BlueCard PPO, and BlueCard Worldwide participating providers. You can also visit **www.bcbs.com** for a complete list of BlueCard doctors and hospitals.
2. Show your member ID card when you visit the doctor or hospital.
3. If you are admitted or if you have questions about your coverage, call Member Service at the number on the front of your ID card.
4. Always carry your Blue Cross Blue Shield of Massachusetts ID card. It's your worldwide passport to good health.

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Emergency Care

For emergency services, call the local emergency number or go to the nearest hospital immediately.


Internationally Blue

The BlueCard and BlueCard Worldwide programs give you plenty of choices at home and around the world. In the United States alone, more than 85 percent of all doctors and hospitals participate in the BlueCard program. So whether you're going abroad or find yourself in another state, be sure to carry your member ID card. That way you can relax, knowing you can get the care you need no matter where life takes you.

Getting Care in the United States

When you need care outside your plan's service area, just call **1-800-810-BLUE (2583)** or visit **www.bcbs.com**. There you can search for participating doctors and hospitals near you. Once you find the right doctor, show your ID card to the participating provider you've chosen.

There's no paperwork. You don't have to submit claims or pay for services up front. You just pay any copayments, co-insurance, or deductible—same as always. Participating hospitals and doctors submit claims for you. However, if you received services from a non-participating provider, you may need to pay for the services up front (costs may be higher) and submit a claim for reimbursement.

BlueCard PPO Members Only: If you see this symbol, , on your ID card, you're a BlueCard PPO member. This means that when you travel or live in another Blue Cross Blue Shield plan area and use a BlueCard PPO doctor or hospital, you'll be given the highest benefit and save the most money.

Getting Care Around the World

The BlueCard Worldwide network lets you get doctor and hospital care from participating providers around the world. If you need to locate a doctor or hospital, or need medical assistance, call the BlueCard Worldwide Service Center at **1-800-810-BLUE (2583)**,

or call collect at **1-804-673-1177**, 24 hours a day, 7 days a week. An assistance coordinator, along with a medical professional, will arrange a doctor's appointment or hospitalization if necessary. Of course, if it's an emergency, go to the nearest hospital immediately. You can also visit **www.bcbs.com** for a complete list of BlueCard Worldwide doctors and hospitals.

For Inpatient Services

Call the BlueCard Worldwide Service Center at **1-800-810-BLUE (2583)**, or call collect at **1-804-673-1177**, when you need inpatient care. In most cases, you won't need to pay up front for inpatient care at participating BlueCard Worldwide hospitals, except for the out-of-pocket expenses you normally pay (i.e., deductible, copayment, and co-insurance). The hospital should submit the claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call Member Service at the number on your ID card for precertification or preauthorization.

For Outpatient Services

For outpatient hospital or doctor visits, show your ID card, pay the hospital or doctor, and fill out a BlueCard Worldwide International Claim form for reimbursement. You can get the claim form by calling **1-800-810-BLUE (2583)** or by visiting **www.bcbs.com/bluecardworldwide**.

You are only responsible for any copayments, co-insurance, or deductible. You still have the benefits described in your plan's benefit package for non-participating doctors and hospitals outside the United States, but you'll find it easier to use a BlueCard Worldwide network provider.

Your Member Responsibilities

When you receive care, in most cases, the participating provider will file the claim for you. If your doctor or hospital needs information about eligibility or your coverage, have them call **1-800-676-BLUE (2583)**.

As a Blue Cross Blue Shield of Massachusetts member, you're still responsible for any deductible, co-insurance, copayments, or non-covered services. If your health plan has co-insurance, this is the amount that you will pay for most covered services—usually 20 percent. Plans typically base your co-insurance on either the provider's charge or the contractual amount, whichever is less. The contractual amount can be calculated in the following ways:

- Actual discounts that reflect the final negotiated claim price
- Estimated discounts that factor in settlements or other non-claim transactions with health care providers
- Average discounts that reflect a uniform savings rate

A couple of other factors may affect the amount you'll save. Plans that use estimated or average pricing methods may adjust their prices in the future to correct over- or under-estimation of past prices. Some plans are required by state law to use other claim calculation methods that don't fully reflect your entire savings amount.

TEAR HERE



An Association of Independent Blue Cross and Blue Shield Plans

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Primary Care Provider's Name:

Doctor's Phone:

Doctor's Hospital Affiliation:

Your Blue Cross Blue Shield Member ID:

Member Service Phone Number (from your ID card):